

Far Horizons Montessori School - 2490 Hilyard St. Eugene, Or. 97405  
 541-485-0521 email: [fhms2011@live.com](mailto:fhms2011@live.com) www.farhorizonsmontessori.com

## Application (Due March 15)

Child's Name \_\_\_\_\_ Name Used \_\_\_\_\_

Birth date \_\_\_\_\_ Primary Language \_\_\_\_\_ Gender \_\_\_\_\_

Family Information: Parental Status:  Married  Partners  Divorced  Separated  Single

Parent:	Parent
Address	Address
Phone	Phone
Employer	Employer
Work Phone                      Cell	Work Phone                      Cell
SS#	SS#
Email:	Email:
Drivers Lic. #	Drivers Lic. #

Other People Living in the Home:

\_\_\_\_\_ Age \_\_\_\_\_                      \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_                      \_\_\_\_\_ Age \_\_\_\_\_

Are you on any other School's waiting list?  Yes  No Specify \_\_\_\_\_

Are you planning to commit to Far Horizons for one year? 3 yr. cycle Primary or 3 yr. cycle Elem.  
 (circle one)

Has your child attended care programs outside the home?  Yes  No

If Yes; Program Name \_\_\_\_\_

Attended for \_\_\_\_\_ months or years

Please explain your perceptions/understanding of Montessori education \_\_\_\_\_

If applicable, please describe any special concerns or abilities for your child.

\_\_\_\_\_

When would you like your child to begin attending? \_\_\_\_\_ Month \_\_\_\_\_ year  summer

How often will your child use before and/or after care program?  2  3  5 days/week

### Schedule

Primary 9-2:30 5 days	Primary MWF 9-2:30	Primary TTh 9-2:30
Primary 9-12:30	Primary MWF 9-12:30	Primary TTh 9-12:30
Elementary 9-2:30	Elementary 9 - 3 ages 9-12	

Office Use: Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Copy of Check  Yes  No

Application Fee\$25     First Month's Payment     Materials Fee\$40     insurance fee

Admission Date \_\_\_\_\_  last months prepayment (Due Aug. 1<sup>st</sup>) or upon entering  
 the school, whichever comes first.