

Far Horizons Montessori School - 2490 Hilyard St. Eugene, Or. 97405
 541-485-0521 email: fhms@efn.org 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\$35 insurance fee

Admission Date _____ last months prepayment (Due Aug. 1st) or upon entering
 the school, whichever comes first.