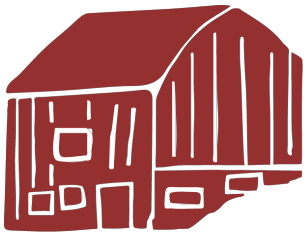
INQUIRY FORM



MONTESSORI FARMHOUSE SCHOOL

Date ____/____/_____

Parent's Names _____

Phone _____ Email _____

Cell _____ Best time to call _____

Address _____

Child's Name (B/G)_____ Age ___ DOB:_____

Previous Schooling? _____

Are you familiar with Montessori?

_____

What are you looking for in a School? □ Half Day Preschool □ Full Day Preschool

Child Care? □ A.M. □ P.M.

How did you hear about us?

□ Print □ Parent □ Roadsign □ Website □Other _____

Initial Tour ___/___/___ Observation ___/___/___ Gave App.___/___/___

Time: _____ Time: _____ Received App. & fee ___/___/__

For Administrative Use Only. Child Visit: _____

Notes or Additional Questions: