

KEYS MONTESSORI SCHOOL, INC.
695 School Street
Indiana, PA 15701 724-349-5680

Tour Appointment Form

Date _____

(Please Print) Child's Full Name _____

Date of Birth (including year) _____ Age upon entry _____ years _____ months

Desired enrollment for September (year) _____ Male _____ Female _____

Home address _____

City _____ State _____ Zip Code _____

Home phone _____

Mother's Full Name _____ Cell Phone _____

Home address (if different) _____

Email address _____

Father's Full Name _____ Cell Phone _____

Home address (if different) _____

Email address _____

Sibling (s)? _____ Ages _____

Has this child had any of the following experiences? Please check all that apply.

_____ Day Care/How Long? _____ Preschool/How long? _____

_____ In home child care by someone other than parent/How long? _____

_____ None of the above _____

How did you as the parent/guardian become interested in the Montessori experience for your child?

Include a \$10.00 fee (non-refundable, non-deductible) with this form. Make check or money order to Keys Montessori School, Inc. Upon receipt of this form and fee, you will be contacted by the director to arrange a visit and tour. This form does not guarantee entrance into the program. Thank you.