

Lincoln Montessori School
2615 Austin Drive
LINCOLN NE 68506

Pre-Registration Application

To ensure that your child will be considered for an available space, or to have his/her name placed on a waiting list when he/she reaches approximately 2.5 years, we ask that you return this brief form to our office for our records. When the time is appropriate the classroom director will telephone you to arrange a visit for you and your child with the purpose of assessing his/her readiness to join the program.

NAME OF CHILD _____ Birthdate _____

NAMES OF PARENTS _____ Telephone _____

ADDRESS _____ Zip _____

Please tell us a little about your child's care.

At home with one or other parent? _____ With a nanny? _____ Grandparents? _____

In a daycare setting in a home? _____ At a center? _____

Other? (describe) _____

Does he/she have favorite games or toys? _____

What do you like about the Montessori approach? _____

Why have you selected this option for your child? _____

Do you have friends/relatives whose children have attended Montessori schools? Y / N

Would you be interested in attending our **AT HOME WITH MONTESSORI CLASS?** (See flier regarding the parent education class) Y / N

Thank you, we will be in touch!

Revised 06/12