

Visit Application
Healdsburg Montessori School
500 Grove Street, Healdsburg, CA 95448
707 431 1727

Childs Full Name _____

Date of Birth _____

Parents Names _____

Home Phone Number _____

Home Address _____

Email Contact _____

Schedule Needs _____

Date of Scheduled Tour _____

Is your child toilet trained? _____

Applicants siblings & ages? _____

How did you hear about us? _____

What if any, is your knowledge of the Montessori education?

Describe your child in a few sentences?

Describe your child's previous school/class experiences?

Your wishes and goals for your child's preschool experience?

**Please mail or fax form back to us BEFORE your schedule tour.