



MONTESSORI
GOOD SHEPHERD PRESCHOOL

Montessori Good Shepherd Preschool

of Trinity Lutheran Church

508 Center Street

Ashland, Ohio 44805

Phone: 419-289-2126

Email: montessori@trinityashland.org

www.trinityashland.org

Registration 2023-2024

A \$50 non-refundable fee is required at the time of application.

Please complete one application for each child.

Circle days requested:

M (am) M (pm) Tu (am) Tu (pm) W (am) W (pm) Th (am) Th (pm)

Start date: _____

Child's name: _____

Address:

Street

City

Zip Code

Age: _____

Date of birth: _____

Male: _____ Female: _____

Past Educational Experience: _____

(Child care or preschool)

Current Activities:

Anticipated Education:

Home School _____ Public Kindergarten _____ Private School _____

Other: _____

Parent/Guardian Information

<u>Mother/Guardian</u>	<u>Father/Guardian</u>
Name:	Name:
Address:	Address:
Phone number:	Phone number:
Email:	Email:
Workplace:	Workplace:
Work Address:	Work Address:
Work Phone:	Work Phone:

Contact person preference: ___ Mother/Guardian ___ Father/Guardian

Siblings

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Helpful Information

Please describe some of the activities your child enjoys:

My child communicates: In English ___ Other Language: _____

Are there any special circumstances regarding your child? No ___ Yes ___

If yes, please explain: _____

Are you aware of any areas that we might give your child special encouragement?

Do you have a place of worship? No _____ Yes, we attend _____

How did you hear about our program? _____

Application Terms

I understand that the \$50 application fee due with submission of this application is non-refundable. With this application, my child will be enrolled pending placement procedures.

Signature of Mother/Guardian: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

<i>For Office Use</i>