SILVER RIDGE MONTESSORI

Application Form

Please download, complete, and return this form to the daycare in person or by email.
Thank you for your interest in Silver Ridge Montessori! We're excited to learn more about your family and help guide your child's educational journey. Please complete the application form below to begin the admissions process. Our team will review your submission and follow up with the next steps, including a tour, consultation, and any necessary documentation.
We look forward to welcoming you into our warm, supportive Montessori community!

Child Information

CHILD'S FULL NAME

NAME CHILD RESPONDS TO

CHILD'S GENDER

DATE OF BIRTH

Program Applying For:

- ☐ Infant (6-18 months) *Join the waitlist*
- ☐ Toddler (18 months - 3 years)
- ☐ Primary (3 - 6 years)
- ☐ Before & After School Care

Parent/Guardian Information

MOTHER OR GARDIAN

FATHER OF GARDIAN

PHONE

PHONE

ADDRESS

CITY POSTAL CODE

ADDRESS

CITY POSTAL CODE

Schedule Preferences

Preferred Start Date: _____

Schedule Requested: ☐ Full-Time ☐ Part-Time

☐ Before School Care ☐ After School Care

Additional Information

Does your child have any allergies, medical conditions, or special needs?

☐ Yes ☐ No

if yes, please explain_____

_____

Is your family applying for the Child Care Subsidy Program?

☐ Yes ☐ No ☐ Not Sure

How did you hear about us?

☐ Friend/Referral ☐ Google/Search

☐ Social Media ☐ Other: _____

Consent & Acknowledgement

I confirm that the above information is accurate to the best of my knowledge. I understand that submission of this application does not guarantee enrollment.

Signature: _____ Date: _____