Intent To Enroll

One application is required for each child you enroll. Complete all information on the form.

Please provide copies of the following:

Child's current immunization record, copy of birth certificate and proof of residency.

Eligibility Requirements:

- **K3-** Child must turn 3 years old on or before September 1, 2023
- **K4-** Child must turn 4 years old on or before September 1, 2023
- **K5-** Child must turn 5 years old on or before September 1, 2023



Student Information:							
Child's First Name:	_ Middle Name: .			Last Name: _			
Student's Home Address:	City: _			State:	Zip:		
Gender: Male Female Nor	n-binary						
Date of Birth:// Age as of	f September 1, 2023	3:	_				
School previously attended:		City	and State	of school:			
Program in which you are enrolling yo	ur child: K3	K4	K5				
Grades 1-7 with prior Montessori experience:Grade							
Federal Race/Ethnicity categories required by No Child Left Behind: (Part A - Check ONLY one)							
No, not Hispanic/LatinoYes, Hispanic/Latino							
(Part B - Check ALL that apply)							
American Indian or Alaska Native AsianBlack or African American							
Native Hawaiian or Other Pacific Islander CaucasianOther							
What primary language is spoken at h	ıome?						
What is the child's primary language?		_					
Do you have any concerns regarding your child and his/her development?							
Are any siblings planning to attend or	already attending	Penfie	eld Montesso	ori? Yes	_ No		
If yes, sibling's name is							
Does your child have previous Montes	ssori experience? _	Yes	; No				
If yes, the school's name is							

Family Information (Please print clearly)			
Parent/Guardian (1): Name		_ Email:	
Phone Numbers: Home:	_ Work:		Cell:
Parent/Guardian (2): Name		_ Email:	
Phone Numbers: Home:	_ Work:		Cell:
Who does the child live with? Mother	_Father{	BothOthe	er
Will you need child care after school?Yes	No		
Dia nea initiale			
Please initial:			
I understand that Montessori Children's Hou	ise (K3, K4, K5)	is a three year	cycle and I commit to sending my
child all three years.			
I understand that Penfield Montessori requir child's school and education.	res parent eng	agement and	I am eager to be involved in my
I understand that Penfield Montessori require	es children to b	e toilet trained	d and that the only exception is if
the child has a special need that is prohibiting t			, .
I understand that completion of this Intent t	o Enroll Form c	loes not guara	ntee admission into the school, bu
is the first step in the process of obtaining enrolle	ment at Penfie	eld Montessori f	for my child.

Please email completed form to:

Parent Signature: ______ Date: _____

henryberry@penfieldmontessori.org

Or drop off / mail completed form to:

Penfield Montessori Academy c/o Mr. Berry 1441 N. 24th Street Milwaukee, WI 53205

