

**APPLICATION FORM FOR:**

**MacDonald Montessori School  
175 Western Avenue South  
St. Paul, MN 55102**

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This form plus \$75.00 (non-refundable application fee) will insure your child a place at MMS.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name Of Firm \_\_\_\_\_ Name Of Firm \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Days Attending: M T W TH F  
(please circle)

Hours Needed Each Day: \_\_\_\_\_

Enclosed is \$75.00 registration fee \_\_\_\_\_ Starting Date \_\_\_\_\_

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**Office Use:**

Tour & Initial Interview \_\_\_\_\_

Conference With Program Teacher \_\_\_\_\_