KEYS MONTESSORI SCHOOL, INC.
695 School Street, Indiana, PA 15701
(724) 349-5680 | www.keysmontessoripa.com

TOUR FORM

Date _____

(Please Print) Child's Full Name_____

Date of Birth (including year) _____Age upon entry _____years _____months

Desired enrollment for September (year) _____Male _____Female _____

Home address _____

City _____State _____Zip Code _____

Home phone _____

First Parent's Full Name _____Cell Phone _____

Home address (if different) _____

Email address _____

Second Parent's Full Name _____Cell Phone _____

Home address (if different) _____

Email address _____

Sibling (s)? _____Ages _____

Has your child had any of the following experiences? Please check all that apply.

_____Day Care/How Long? _____Preschool/How long?_____

_____In home child care by someone other than a parent/How long?
_____

_____None of the above _____

How did you become interested in the Montessori experience? Hear about Keys Montessori School?

_____

_____

Please complete this form and send it to the Director at Keys Montessori School, 695 School Street, Indiana, PA 15701. The form can also be downloaded, completed, and emailed to keysmontessoripa@gmail.com.