

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.