



Wild Roots Montessori
4554 N Forestdale Drive E26
Park City, UT 84060
Phone: 435-647-6859
Email: info@wildrootsmontessori.com

Application

Student's Full Name	Gender	Date of Birth
Parent _____	Occupation _____	
Email address _____	Phone number _____	
Parent _____	Occupation _____	
Parents: Married _____ Cohabiting _____ Divorced _____ Seperated _____		
Email address _____	Phone number _____	
Street address _____		
Others authorized to pick up child (name/phone number/relationship) _____		

Others to contact in case of emergency (name/phone number/relationship) _____		

Medical Conditions / Allergies / Serious Illness or Accidents / Complications during pregnancy or birth _____		

Family Predispositions (ADHD, Dyslexia, learning disabilities) _____		

Discipline methods used at home _____		
Siblings (Name/Birth year) _____		
Schools Previously Attended _____		
Goals For Your Child _____		

How did you learn about Wild Roots Montessori? _____		

Check boxes that apply:

- I am interested in an After-School Program for my child from 3-5pm.
- I am interested in the Friday half-day program from 8:30am to 12:30pm.
- I have submitted my \$200 application fee