



Cougar Mountain Montessori

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Request for Enrollment Information

Thank you for your interest in Cougar Mountain Montessori!

Today's Date: _____

Mother's Full Name _____

Father's Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Child's Name _____ Gender Male Female Age _____

Birth Date _____ Does your child nap? Yes No

How old was your child when fully potty trained? _____

Siblings' names and ages _____

Has your child had any previous preschool or daycare experience? Please describe _____

Are you familiar with Montessori? _____

How did you hear about our School? _____

Enrollment Preference

If more than one option is suitable, please indicate 1st choice, 2nd choice, etc.

Morning Preschool (9am-12:30, M-F)

Extended Day Preschool (9am-3pm, M-F)

Extended Day Preschool (9am-4pm, M-F)

Child Care (available 7:45am -5:15pm) includes preschool 8 hours 9 hours 10 hours per day

Desired Start Date _____

Afternoon Preschool (12:30pm-4pm, M-F)

Afternoon Preschool (12:30pm-4pm, M-Th)

Comments or Questions _____

We would like to attend the Prospective Parents Meeting in January February. (See the school calendar for specific dates.)