



For School Year:	
2024-25	<input type="checkbox"/>
2025-26	<input type="checkbox"/>
2026-27	<input type="checkbox"/>

Family Interest Form

Please complete all questions – thank you!

Family Name: _____ Today's Date: _____

Father's Name: _____ Mother's Name: _____

Phone(s): _____ Email(s): _____

Address: _____

Child's Name: _____ Male ___ Female ___ Current Age: ___ Date of Birth: _____

_____ Primary (age 3-6)

Enrollment Preferences: (circle) Half Day Full Day / (circle) 3 days 4 days 5 days

Note: The 3-day option is only available to 3 year old students; 4-day option is available only to 3 and 4 year olds.

Do you intend to complete the 3-year Primary Montessori cycle through Kindergarten? Yes / No

Do you intend for your child to continue at OLMS beyond Primary for Elementary school? Yes / No

_____ Lower Elementary (age 6-9) Note: Admittance to the Elementary Program is exceptional, on a case by case basis.

_____ Upper Elementary (age 9-12) Note: Admittance to the Elementary Program is exceptional, on a case by case basis.

_____ Before School Care (7:30-8:00am)

_____ After School Care (3:15-5:30pm)

Montessori Experience? (circle): Yes No Years: _____

Catechesis of the Good Shepherd Experience? (circle): Yes No Years: _____

Do you or current caregivers/teachers have any concerns about your child's ability to learn, school behavior, emotional health, or physical abilities? _____

List all previous schools/childcare with years attended: _____

* Please use the next page for additional children's information.

How did you hear about Our Lady's Montessori School? _____

Please tell us why you seek a Catholic Montessori education for your Child(ren):

Family Interest Form – Continued

Family Name: _____

#2 Child's Name: _____ Male ___ Female ___ Current Age: ___ Date of Birth: _____
_____ Primary (age 3-6)

Enrollment Preferences: (circle) Half Day Full Day / (circle) 3 days 4 days 5 days

Note: The 3-day option is only available to 3 year old students; 4-day option is available only to 3 and 4 year olds.

Do you intend to complete the 3-year Montessori cycle through Kindergarten? Yes / No

Do you intend for your child to continue at OLMS beyond Primary for Elementary school? Yes / No

_____ Lower Elementary (age 6-9) Note: Admittance to the Elementary Program is exceptional, on a case by case basis.

_____ Upper Elementary (age 9-12)

_____ Before School Care (7:30-8:00am)

_____ After School Care (3:15-5:30pm)

Montessori Experience? (circle): Yes No Years: _____ Catechesis of the Good Shepherd Experience? (circle): Yes No Years: _____

Do you or current caregivers/teachers have any concerns about your child's ability to learn, school behavior, emotional health, or physical abilities? _____

List all previous schools/childcare with years attended: _____

#3 Child's Name: _____ Male ___ Female ___ Current Age: ___ Date of Birth: _____
_____ Primary (age 3-6)

Enrollment Preferences: (circle) Half Day Full Day / (circle) 3 days 4 days 5 days

Note: The 3-day option is only available to 3 year old students; 4-day option is available only to 3 and 4 year olds.

Do you intend to complete the 3-year Montessori cycle through Kindergarten? Yes / No

Do you intend for your child to continue at OLMS beyond Primary for Elementary school? Yes / No

_____ Lower Elementary (age 6-9) Note: Admittance to the Elementary Program is exceptional, on a case by case basis.

_____ Upper Elementary (age 9-12)

_____ Before School Care (7:30-8:00am)

_____ After School Care (3:15-5:30pm)

Montessori Experience? (circle): Yes No Years: _____ Catechesis of the Good Shepherd Experience? (circle): Yes No Years: _____

Do you or current caregivers/teachers have any concerns about your child's ability to learn, school behavior, emotional health, or physical abilities? _____

List all previous schools/childcare with years attended: _____

* Please duplicate this sheet for additional children.