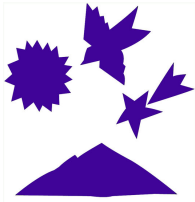


please attach
recent family
photo

ASAP _____
Fall _____
App fee rec'd _____
Date rec'd _____
Check # _____



The Mountain School
Application

Today's date _____

CHILD'S NAME _____

Birth date _____

Gender M F

MOTHER'S: Name _____

Phone (H) _____

Home address _____

Phone (C) _____

FATHER'S: Name _____

Phone (H) _____

Home address _____

Phone (C) _____

PRIMARY CONTACT EMAIL: _____

***If your child is under two years, please stop here! Include fee but no photo.
You will be asked to complete the application at a later date.***

Please number attendance option(s) for
which you are applying, in order of preference.

Choose only those which would be
acceptable.

- Two days (Th,F)
- Three days (M,T,W)
- Five days

SIBLINGS: Name Gender Birth date School attending
