



CANTON MONTESSORI REFERRAL FORM

(please print)

Name of Referring Family: _____

Name of Prospective Family: _____

Name and Age of Children:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. Name: _____ Age: _____

Address of Prospective Family:

Street: _____

City: _____ State: _____ Zip: _____

Phone Number of Prospective Family:

Home Phone: _____

Mobile Phone: _____

Email Address of Prospective Family: _____

Relationship of Prospective Family to Referring Family: _____

A Canton Montessori employee will contact the Prospective Family as soon as possible to provide further information or to schedule a tour.

Thank you for your interest and continuing support of Canton Montessori School!



Canton Montessori School

Excel in learning. Excel in life.