



# Montessori Children's World Inc

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Fax (920) 983-3166

## TODDLER APPLICATION FOR ADMISSION YEAR BEGINNING JUNE 2011 AND ENDING MAY 2012

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Session Preferred: Full Day \_\_\_\_\_ Half Day \_\_\_\_\_  
5days 4days 3days 2 days 5days 4days 3days

### FAMILY INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_  
Telephone at work \_\_\_\_\_ Telephone at work \_\_\_\_\_  
e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

Where has child attended other schools? \_\_\_\_\_  
Names and ages of brothers and sisters \_\_\_\_\_

Terms of Admission – Tuition	Registration fee rec'd
Full Day (7:00AM - 5:30 PM)	Check No. _____
5 days – \$170/week	Date _____
4 days – \$150/week	Amt. _____
3 days – \$125/week	
2 days - \$105/week	

Half Day (7:00 - Noon)  
5 days – \$140/week  
4 days – \$115/week  
3 days - \$105/week

Deposit of \$200.00 is due with this application. (Deposit is not refundable if child is accepted)

I hereby agree to the above terms and request admission for my child.

X \_\_\_\_\_

Signature of parents or guardians: Date \_\_\_\_\_

If you are new to Montessori, were you referred by anyone?

Name: \_\_\_\_\_

### EMERGENCY INFORMATION:

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency numbers to call if father or mother is not available:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

In case of emergency, I hereby give my permission to the school authorities to call the physician or dentist listed above and/or transport the above named applicant to (hospital) emergency room.

X \_\_\_\_\_  
Signature of parents or guardians: Date: \_\_\_\_\_

\*\*\* All of the above information must be completed \*\*\*