



Montessori Children's World Inc

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PRE-SCHOOL
APPLICATION FOR ADMISSION
SCHOOL YEAR BEGINNING SEPTEMBER 6, 2011 AND ENDING JUNE 1, 2012

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Session Preferred Full Day AM PM

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

Half-day AM session - 8:30 - noon \$3275.00

Full-day Session - 8:30 - 3:30 \$5075.00

Registration fee rec'd

Check No. _____

Date _____

Amt. _____

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 dentists 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 ***