



# Green Bay Montessori Children's World Inc

670 W. Main Ave,  
Phone (920) 983-3164

DePere WI 54115  
Fax (920) 983-3166

## INFANT APPLICATION FOR ADMISSION YEAR BEGINNING JUNE 2023 AND ENDING MAY 2024

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Session Preferred: Full Day \_\_\_\_\_ Half Day \_\_\_\_\_  
5days 4days 3days 2 days \_\_\_\_\_ days 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

Full Day (6:45AM - 5:30 PM) \_\_\_\_\_ Half Day (6:45 - Noon) \_\_\_\_\_  
5 days – \$220/week \_\_\_\_\_ 5 days – \$190/week \_\_\_\_\_  
4 days – \$195/week \_\_\_\_\_ 4 days – \$160/week \_\_\_\_\_  
3 days – \$170/week \_\_\_\_\_ 3 days - \$145/week \_\_\_\_\_  
2 days - \$150/week \_\_\_\_\_

### 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 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 \*\*\*