



Montessori Children's World Inc

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www.greenbaymontessori.com

TODDLER 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 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 (6:45AM - 5:30 PM)	Check No. _____
5 days – \$200/week	Date _____
4 days – \$180/week	Amt. _____
3 days – \$145/week	
2 days - \$125/week	
Half Day (6:45 - Noon)	
5 days – \$180/week	
4 days – \$140/week	
3 days - \$120/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 ***