



# Montessori Children's World Inc

670 W Main Ave  
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DePere, WI 54115  
Fax (920) 983-3166

PRE-SCHOOL  
APPLICATION FOR ADMISSION  
SCHOOL YEAR BEGINNING SEPTEMBER 5, 2023 AND ENDING MAY 31, 2024

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 \$4,700.00

Full-day Session - 8:30 - 3:30 \$6,700.00

### 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.s

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

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