



Application Fee Received: \_\_\_\_\_

# WEST ORANGE MONTESSORI SCHOOL

## Application for Admission

Please fill in ALL blanks. Write N/A for items that are not applicable to you or your child. Please submit a non-refundable application fee of \$75. There will also be a \$200 deposit to secure your child's place in the program of your choice. This non-refundable \$200 deposit will count towards first month's tuition.

Application for **CHILD'S NAME:** \_\_\_\_\_ for academic year 20\_\_\_\_ - 20\_\_\_\_

### PROGRAM DESIRED

(please check appropriate box)

**IMPORTANT NOTE: Payments shown are per payment on the 10 month payment plan.**

<b>PRE-SCHOOL</b>	Full Day	(8:30am – 3:00pm M thru F)	<input type="checkbox"/>	\$735
	Five Mornings	(8:30am – 12:00pm M thru F)	<input type="checkbox"/>	\$525
	Three Mornings	(8:30am – 12:00pm M, W, F)	<input type="checkbox"/>	\$385
	Two Mornings	(8:30am – 12:00pm T, Th)	<input type="checkbox"/>	\$275
<b>KINDERGARTEN</b>	Full Day	(8:30am – 3:00pm M thru F)	<input type="checkbox"/>	\$735
<b>AFTER SCHOOL CARE</b>	Daily	(3:00pm – 4:00pm M thru F)	<input type="checkbox"/>	\$5/day

Child's Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Brothers and Sisters (ages): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Wk Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_  
Special Talents/Interests: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Wk Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_  
Special Talents/Interests: \_\_\_\_\_

**Medical Information**

Pediatrician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anything unusual about the child's birth, development, or medical condition that we should be aware of?

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

A recent Immunization Record must be submitted by the first day of school.

Is your child toilet trained? \_\_\_\_\_ To what extent: \_\_\_\_\_

Does your child sleep well? \_\_\_\_\_ Nap? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

What types of discipline have you found to be the most effective with your child?

Why are you interested in enrolling your child in West Orange Montessori School?

What do you hope your child will gain or learn from his or her experience here?

In case of Emergency or Illness, we may contact the following:

Name: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent Name (Printed)

Signature

Date

**Enclosed Application fee (\$75) and deposit (\$200) should be made payable to West Orange Montessori School. West Orange Montessori School does not discriminate against individuals on the basis of race, creed, religion, cultural heritage, political beliefs, marital status, age or sex in either its admission or its employment policies.**