

Application for Woodland Montessori School



An application fee of \$75 is due with this application.

Child's Full Name _____

Preferred Name _____ Gender _____ Birthdate _____

Address _____

Phone _____ Email (optional) _____

Parents/Guardian

Mother _____ SS# _____

Home address _____

Place of Employment _____

Phone (W) _____ (H) _____ (Cell) _____

Father _____ SS# _____

Home address _____

Place of Employment _____

Phone (W) _____ (H) _____ (Cell) _____

Marital Status _____ Who has legal custody? _____

Legal Guardian (if other than the parents) _____

Health Information

Please list any specific allergies or intolerance to food, medication, etc, and action to take in an emergency:

Child's Physician _____ Phone _____

Chronic physical problems and pertinent developmental information _____

Emergency Information

Name of two people to contact if parents cannot be reached:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Are these persons authorized to act on your behalf in a medical emergency involving your child? Yes No

Person(s) authorized to pick up child (if different from above contact names) _____

Child's Personal History

Sibling(s) (names, ages) _____

Other household member _____

Does the child attend another school or program? If yes, give name of school/program

What do you expect your child to gain from the Montessori experience?

Program Needs

I wish to enroll my child in Woodland Montessori programming:

- Half-day, five days a week
- Extended day, five days a week
- Half day, four days a week (three year olds only)
- Extended day, four days a week (three year olds only)
- I will need early morning care (7:30–8:45 a.m.)

I wish to enroll my child:

- this fall
- this spring
- next fall
- next spring

Woodland Montessori runs on an academic year schedule. Spring admissions are infrequent.

Agreements

1. The parent/guardian gives authorization for the child to participate in school's transportation and field trips.
2. The Woodland Montessori School agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
3. The parent/guardian authorizes the Woodland Montessori School to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.

Signatures

Mother/Legal Guardian Date

Father/Legal Guardian Date

Woodland Montessori School accepts any child whose family is interested in Montessori education as an approach to life. We attempt to achieve a balance of age, gender and experience in the classroom. Generally, we are not equipped or licensed to care for children with special needs; therefore, any such care is conditional upon the consent of the head teacher and administrative coordinator. In all cases, applicants will be "interviewed" by the head teacher and another school representative (board member or administrative head) to get a sense of how the child will function in the Montessori classroom. Each child must be able to participate and substantially benefit from our program without risk to him/herself or other children. Woodland Montessori School, Inc., reserves the right to deny entrance into the program based on the interview process, or to ask that a child be removed from the program after a trial period if the program does not appear to be a good fit for the student and other children.