

ENROLLMENT APPLICATION

Application fee of \$50 must be submitted with this form (Please make check payable to Westshore Montessori School)

Child's name:	Date of birth:
☐ Male ☐ Female	
Parent/Guardian Information:	
Mother's name:	Father's name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: Home:	Phone: Home:
Work:	Work:
Cell:	Cell:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Location of previous child care/school experience: Siblings: (Please provide names & birth dates)	
First Language:	Second Language:
To what extent is your child toilet trained? (Not required for Toddlers)	
Were there any birthing complications? If yes, please explain	
Does your child have any known allergies/disabili	ities/limitations? If yes, please explain

How did you first hear of Westshore Montessori School?
☐ Referred by:
☐ Referred by:(Name)
☐ Website/Internet
☐ Other:
A fee of \$50.00 is due with this application. Please make check payable to Westshore Montessori School.
I/We have been provided with information about Westshore Montessori School and understand the application process.
Signed: Date:
CLASS PREFERENCE
TODDLER CLASSES (24 months old as of start date):
\square Monday, Wednesday, & Friday 9:15 – 11:30 a.m. or \square Tuesday & Thursday 9:15 – 11:30 a.m.
Check one: ☐ Fall start ☐ January start
PREPRIMARY CLASSES (3 years old as of start date):
☐ Monday – Friday (school year program) 9:00 a.m. – 12:00 p.m.
Check one: Fall start Other date:
EXTENDED CARE (3-6 years old) Anticipated school year need:
7:00-9:00 a.m. – number of days per week - or - month (circle one)
12:00-2:30 p.m. – number of days per week - or - month (circle one)
12:00-3:30 p.m. – number of days per week - or - month (circle one)
12:00-6:00 p.m. – number of days per week - or - month (circle one)

Financial aid is available to families who qualify. Please call the school office for more details.

WESTSHORE MONTESSORI SCHOOL ADMITS STUDENTS OF ANY RACE, ETHNICITY, SEX, OR NATIONAL ORIGIN.