

APPLICATION FOR ADMISSION

NORTH COUNTRY MONTESSORI
8961 HWY J WOODRUFF, WI 54568

DATE _____

Child's full name: _____ Nickname: _____

Birthday: ____/____/____ Age upon entering: ____ years ____ months Sex ____

Is child toilet trained? ____ Is there anything in this child's medical history that the school should be aware of, i.e., allergies, perceptual problems, etc.? _____

Child lives with: ____ Mother ____ Father ____ Other Had your child previously attended a Montessori school? _____

In the spaces below please write "same" if applicable.

Mother's name _____

Home address _____ phone _____

Business address _____ phone _____

Occupation _____ Easiest phone number to be reached at: _____

Father's name _____

Home address _____ phone _____

Business address _____ phone _____

Occupation _____ Easiest phone number to be reached at: _____

If other, Name _____ Relationship to child: _____

Home address _____ phone _____

Business address _____ phone _____

Occupation _____ Easiest phone number to be reached at: _____

Child's Doctor _____

Address _____ phone(s) _____

Other children in the family: _____ Age _____

_____ Age _____

_____ Age _____

Other persons authorized to pick up your child: _____ relationship _____

_____ relationship _____

I wish to enroll my child in the following program(s):

Please refer to attached sheet.

If you are unable to commit to a specific schedule at this time, please estimate.

I will need Early Drop-off on the following days: M T W R F

*Morning Program: Number of days per week _____ (3, 4, or 5). Of those days: _____ (1, 2, 3, 4, or 5) will also be Extended Days.

M T W R F

M T W R F

Lunch Hour: M T W R F

I will need Aftercare on the following days: M T W R F

*Extended Day or Aftercare only: _____ (3, 4, or 5) days a week. (school age children only)

**I plan to pay tuition: Monthly _____ at Semester _____

**Prices are subject to discount or negotiation if tuition is paid at semester, application is submitted within 2 weeks of receiving information, and for multiple siblings. Other terms or conditions may apply.

This application is hereby made for the admission or readmission of _____ as a student at North Country Montessori, for the academic term beginning August 2009, and ending June 2010.

I agree to indemnify the Montessori School, the Directors, Administration and Staff members against claims and demands made by or on behalf of my child.

I agree to pay the tuition for the full academic year. This agreement is not subject to adjustment because of illness, absence, withdrawal, or dismissal. In addition, a credit card number will be on file, only to be used in case of delinquent payment, but not without sufficient notice.

All information on the application is current and true to the best of my knowledge.

Enclosed is my \$100. application fee. I understand that this fee is non-refundable.

(signature of parent)

(date)

This is an equal admission policy regardless of race, color, creed and national or ethnic origin.

Please return this application with schedule sheet and application fee to:

North Country Montessori
8961 Hwy J
Woodruff, WI 54568

We will be in contact with you upon receiving the information. Please call if you have any questions.

(715) 356-4678 or (715) 892-0183

Thank you. We look forward to hearing from you!