

**APPLICATION FOR ADMISSION
2019-2020 SCHOOL YEAR**

Full Name of Child: _____ Date of Birth : _____

How would you like your child addressed at School?: _____ E-Mail _____

Place of Birth: _____ Primary Language: _____

Home Address: _____

Town: _____ Zip: _____

Parent Information:

Father/Mother: _____

Address: _____
(If different)

Zip: _____

Home #: _____

Cell #: _____

Profession: _____

Business: _____

Work #: _____

Hours: _____

Mother/Father: _____

Address: _____
(If different)

Zip: _____

Home #: _____

Cell #: _____

Profession: _____

Business: _____

Work #: _____

Hours: _____

If Parents cannot be contacted, notify:

1. Name: _____ Relationship: _____

Address: _____ Tel. #: _____

2. Name: _____ Relationship: _____

Address: _____ Tel. #: _____

Child's Physician: _____ Tel. #: _____

Identifying Information: Eye Color: _____ Hair color: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Identifying Marks: _____

Has your child been in a previous nursery school experience? _____ Montessori? _____

Other? _____ Where? _____

Parent Signature

Date: _____

A non refundable application fee of \$100.00 is to accompany the completed application.
Please make checks payable to: The Wellesley Montessori School, Inc.

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