



The Wellesley Montessori School

Enrollment Application

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.

The Wellesley Montessori School does not discriminate on the basis of race, religion, cultural heritage, political beliefs, national origin, disability, marital status or sexual orientation in the administration of its educational policies, admissions, scholarships and other school administered programs.