



Mequon Montessori School  
 2505 W. Mequon Road, Mequon WI 53092  
 262-242-6782 Fax 262-242-5724  
 Email: Mequonmontessori@yahoo.com  
 Web: Mequonmontessori.com

Ch. # \_\_\_\_\_  
 Date recvd: \_\_\_\_\_

### Application for Admission- 2017/2018

Please mark your desired program

**Toddler Class 8:30 – 11:30 am**  
 Circle your days:  
 Mon    Tues    Thurs    Fri

**Children’s House 8:30 – 11:30 am**  
 **Nature’s Classroom 12:30 – 3:00 pm**  
 **Extended Day/Kindergarten 12:30– 3:00 pm**  
 **Additional Child Care** \_\_\_\_\_ **to** \_\_\_\_\_  
 Open 7:30 – 5:30pm

Desired enrollment date: \_\_\_\_\_

**Child’s Name:** \_\_\_\_\_

Child’s date of birth: \_\_\_/\_\_\_/\_\_\_    Age: \_\_\_\_\_    Sex: M / F    Nickname (if any) \_\_\_\_\_

Please mark any information you would **not** like included in the parent directory.

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_

Employed by: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Person to be notified in case of emergency when parents cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

List names, addresses, phone number and relationship of any other persons authorized to pick up your child. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please list any allergies or other special health concerns: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name and ages of siblings: \_\_\_\_\_

Does the child have any previous Montessori school experience? Y / N If yes, please list \_\_\_\_\_

Please list any other previous schools/ day cares attended: \_\_\_\_\_

**Photographs:** (Please check if you agree.)

- I/We give MMS permission to photograph my/our child engaged in school activities, and to use these photos in promotional material and for the school shutterfly account.

**School District:** Please indicate the school district you reside in: \_\_\_\_\_

**How did you learn of Mequon Montessori School?**

- Newspaper  Current/Former parent (list) \_\_\_\_\_
- Phone Book  Other: \_\_\_\_\_
- Internet  Other: \_\_\_\_\_

*We hereby make application to the Mequon Montessori School program indicated above for the school year beginning \_\_\_\_\_, or for the beginning date of \_\_\_\_/\_\_\_\_/\_\_\_\_. We have enclosed a check for the \$100.00 registration fee (\$50 for returning families), recognizing this as a non-refundable fee.*

*I understand that students are admitted for the full academic year and that my agreement to pay tuition for the full term is not subject to adjustment because of illness, absence or vacations that do not coincide with school vacations.*

*I give consent for emergency medical care or treatment, to be used only if I cannot be immediately reached, and will pay for all charges in connection with the medical treatment.*

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Today's Date*

**Please turn in the registration form with: Registration Fee** (\$100 for new families/ \$50 for returning)  
**Health History Form**