



Application

A \$50.00 non-refundable application fee must accompany this form. This application is valid for one year only.

Child's Name: _____ 8:30-11:30 Class _____

Date of Birth: _____ Gender: _____ 9:30-12:30 Class _____

Age on September 1st: _____

Place of Birth: _____ Primary Language: _____

Previous School Experience: Montessori ___ Preschool/Daycare ___ Play Group ___

Name of Facility: _____

From what source did you learn of WMS? _____

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Home Phone: _____

Occupation: _____ Add. & Phone: _____

Occupation: _____ Add. & Phone: _____

Sibling's Names & Ages: _____

Identifying Information: (Required by MA Office for Child Care Services)

Eye Color: _____ Hair color: _____ Skin Color: _____

Height: _____ Weight: _____ Identifying Marks: _____

Pediatrician's Name: _____

Address: _____ Phone: _____

Please list any allergies, physical impairments, chronic health conditions, restrictions, limitations, or concerns.

The Westwood Montessori School has a non-discriminatory policy relative to race, color, cultural heritage, national origin, sexual orientation, religious and political beliefs, marital status and disability, with respect to the admission of students and the employment of faculty and administrative staff.

Parent Signature

Date

