



Office use only	
Application received on:	_____
App. Fee received on:	_____ \$ _____ check# _____
Mat. fee received on:	_____ \$ _____ check# _____
Contract received on:	_____
Date child entered care:	_____ Date child left care: _____

Please return application along with a \$50 non refundable processing fee.

Application

Child's Full Name _____ Home Phone _____
Preferred Name _____ Gender _____ Birthdate _____
Street Address _____ City, State, Zip _____

Parents/Guardians

Mother _____ SS# (optional) _____

Home Address _____

Place of Employment _____ Email _____

Phone (W) _____ (H) _____ (cell) _____

Father _____ SS# (optional) _____

Home Address _____

Place of Employment _____ Email _____

Phone (W) _____ (H) _____ (cell) _____

Marital Status _____ Who has legal custody? _____

Legal Guardian (if other than parent) _____

Emergency Information

Please list any **allergies or intolerance** to food, medication, etc., and action to take in an emergency:

Child's Physician _____ Phone _____

Name of **two people to contact** if parents cannot be reached:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Person(s) authorized to pick up child and phone #s (if different from above): _____

Child's Personal History

Sibling(s) (Names and ages) _____

Other household member(s) _____

Chronic physical problems and pertinent developmental information _____

Does the child attend another school or program? If yes, give name of school/program and contact name/phone# (we may call for a reference): _____

Please list any past programs in childcare that your child has attended. _____

What do you expect your child to gain from the Montessori experience? _____

Program Needs

I wish to enroll my child in Woodland Montessori programming:

_____ 5 half days/wk until 1:00pm

_____ 5 extended days/wk until 5:30pm

_____ 5 full days/wk until 3:30pm

I wish to enroll my child:

_____ Fall 20_____

_____ Spring 20_____

Agreements

1. The parent/guardian gives authorization for the child to participate in school's transportation and field trips.
2. Woodland Montessori School agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
3. The parent/guardian authorizes Woodland Montessori School to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.

Woodland Montessori School accepts any child whose family is interested in Montessori education as an approach to life. We attempt to achieve a balance of age, gender, and experience in the classroom. Applicants will be "interviewed" by the head guide/teacher and another school representative (board member or administrative head) to get a sense of how the child will function in the Montessori classroom. Each child must be able to participate and substantially benefit from our program without risk to him/herself or other children. Woodland Montessori School, Inc., reserves the right to deny entrance into the program based on the interview process, or to ask that a child be removed from the program after a trial period if the program does not appear to be a good fit for the student and other children.

Signatures

Mother/Legal Guardian

Date

Father/Legal Guardian

Date

NOTICE OF NONDISCRIMINATORY POLICY: Woodland Montessori School of Harrisonburg, llc. Admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship program and other school-administered programs.