



2013/14 SCHOOL YEAR Application for Admission

Child's Name _____ Nickname _____

Birthdate _____ Age upon entering _____ Sex _____

Has your child previously attended a preschool? Yes _____ No _____

If so, when and where? _____

Where did you hear about Montessori School of Wausau? _____

Mother's Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Person(s) responsible for tuition _____ Address _____

In case of emergency or illness, whom should we contact locally if we are unable to reach you?

Name _____ Relationship _____

Address _____ Phone _____

Do we have permission to contact your child's doctor or dentist in case of an emergency? Yes _____ No _____

Doctor's Name _____ Address _____ Phone _____

Dentist's Name _____ Address _____ Phone _____

Person(s) authorized to pick up your child from school:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Program Choice:

(Circle days child will be enrolled on)

____ 3-Day ____ 5-Day ____ AM ____ PM ____ All Day Program Days- Mon. Tues. Wed. Thurs. Fri.

Does this child have your permission to participate in field trips? Yes _____ No _____

A \$30.00 non-refundable registration fee applied to account with this application Date _____ Payment _____

Registration Date

Signature