

2010 – 2011 Montessori School ENROLLMENT APPLICATION

(\$75 fee MUST accompany Application to NESM Office – One time fee per Montessori Program Level)

Check applicable program/s:

Elem. Full Day **ELI: 6 – 9yrs.** **ELII: 9 -12 yrs.**

9:00 a.m. – 3:30 p.m.

**PLEASE
ATTACH
CURRENT
2” PHOTO**

Primary (3 – 6 Years): 3 Day option for three-year old children T,W,Th (HOS Approval Required) or 5 Day

Half Day: AM Session: 9:00 a.m. – 12:00 p.m. PM Session 12:00 p.m. – 3:30 p.m.

Additional Afternoons (for AM Session-enrolled Only) Add: Mon. Tue. Wed. Thu. Fri.

Lunch Add-on (for AM Session-enrolled Only) 5 Day Option Only.

Full Day: 9:00 a.m. – 3:30 p.m.

Toddler (18 Mo. – 3 Years) 5 Days/Week – See Tuition Contract for Toddler 2 or 3 Day Options:

Half Day: AM Session: 9:00 a.m. – 12:00 p.m. PM Session 12:00 p.m. – 3:30 p.m.

Additional Afternoons (for AM Session-enrolled Only) Add: Mon. Tue. Wed. Thu. Fri.

Lunch Add-on (for AM Session-enrolled Only) 5 Day Option Only.

Full Day: 9:00 a.m. – 3:30 p.m.

Child's Name: _____	Age: _____	D.O.B: _____	Sex: _____
Family Name: _____			
Home Address: _____			
City: _____	State: _____	Zip: _____	
Home Telephone: _____			
Emergency Medical Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____			
Father's Name: _____		Profession: _____	
Business Name: _____		Telephone: _____	
Cellular phone: _____		Email: _____	
Business Address: _____			
City: _____	State: _____	Zip: _____	

Additional Home address for: _____ Tele: _____

Address: _____

Mother's Name: _____	Profession: _____
Business Name: _____	Telephone: _____
Cellular phone: _____	Email: _____
Business Address: _____	
City: _____	State: _____ Zip: _____

Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated. Names and ages of brothers and/or sisters: _____
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian

I give PERMISSION to NESM Staff to assist my child in applying SUNSCREEN, as necessary: Yes No

Signature of Parent or Guardian: _____

Date: _____ Expected First Day of School: _____

BE ADVISED, AN UPDATED MEDICAL REPORT AND IMMUNIZATION RECORDS FROM CHILD'S PHYSICIAN IS DUE WITH ENROLLMENT PAPERWORK (FORTHCOMING).

How did you originally hear about **NEW ENGLAND SCHOOL OF MONTESSORI**? _____

Please explain briefly why you wish to enroll your child in New England School of Montessori?

OFFICE USE ONLY	Payment: \$ _____	Pmt. Type: _____	Date: _____
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