



Completed Application & Fee Received: _____

West Orange Montessori School

Application for Admission

Please PRINT clearly and submit with the non-refundable application fee of \$275. Application AND fee will secure your child's place in the program of your choice for the specified academic year. FEES and TUITION payments are non-refundable.

STUDENT NAME: _____ for Academic Year 20__ - 20__

PROGRAM / AGE: Check one **PRIMARY (3-6 years)** _____ **TODDLER (15-36 months)** _____

CHOOSE SCHEDULE: Check one*

Five Full Day	(8:30 – 3:00 M - F)	\$815./mo
Five Mornings	(8:30 – 12:00 M - F)	\$675./mo
Four Full Day	(8:30 - 3:00 M - Th)	\$675./mo
Four Mornings	(8:30 - 12:00 M - Th)	\$575./mo
Three Full Day	(8:30 - 3:00 M, W, F)	\$575./mo
Three Mornings	(8:30 – 12:00 M, W, F)	\$495./mo
Two Full Days	(8:30 - 3:00 T, Th)	\$495./mo
Two Mornings	(8:30 – 12:00 T, Th)	\$425./mo

KINDERGARTEN (5-6 years) (8:30 – 3:00 M - F) \$815./mo

*IMPORTANT: Payments shown above are based upon a 12 payment plan.

Child's Age: _____ **Birth date:** _____ **Sex:** _____ **Nickname:** _____

Mailing Address: _____ **Zip:** _____

Brothers and Sisters (ages): _____

Mother's Name: _____ ***Email:** _____

Home Phone: _____ ***Cell Ph:** _____ **Wk Ph:** _____

Occupation: _____

Employer: _____

Special Talents/Interests: _____

Father's Name: _____ ***Email:** _____

Home Phone: _____ ***Cell Ph:** _____ **Wk Ph:** _____

Occupation: _____

Employer: _____

Special Talents/Interests: _____

Person responsible for tuition payment: _____ Ph: _____

*Email Address: _____

Medical Information

Pediatrician: _____ Ph: _____

Dentist: _____ Ph: _____

Anything unusual about the child's birth, development, or medical condition? Previous Evaluations?
Please describe: _____

Allergies: _____ Medications: _____

Is your child toilet trained? _____ To what extent: _____

Does your child sleep well? _____ Nap? _____ When? _____ How long? _____

What types of discipline have you found to be the most effective with your child?

Why are you interested in enrolling your child in West Orange Montessori School?

What do you hope your child will gain or learn from his or her experience here?

Current Immunization Record & Physical Exam Form must be submitted before the first day of school.

In the event of an Emergency or Illness, who should we contact?

Name: _____ Cell Ph: _____ Wk Ph: _____

Relationship to Child: _____

Name: _____ Cell Ph: _____ Wk Ph: _____

Relationship to Child: _____

X _____

Legal Guardian Name (Printed)

Signature

Date

Enclose Non-refundable Application fee \$275. payable to West Orange Montessori School. West Orange Montessori School does not discriminate against individuals on the basis of race, creed, religion, cultural heritage, political beliefs, marital status, age or sex in either its admission or its employment policies.

West Orange Montessori School ~ 227 S. Main Street ~ Winter Garden, FL 34787

Phone 407 654 0700

www.westorangemontessori.com