

# The Von Wedel Montessori School

## Application for Admission

Thank you for applying to The Von Wedel Montessori School. Please take your time in filling out this Application as completely and accurately as possible, and be sure to avoid blanks by indicating N/A (not-applicable) where appropriate. Each section must be completed in full for an Application to be ready for submission.

### I. FAMILY INFORMATION

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_ Home # \_\_\_\_\_

Please indicate the program to which you are applying:

- Half-Day  
 Full-Day  
 I will require After Care.

Please indicate the method in which you intend to pay:

- 1 Installment (5% off)  
 8 Installments  
 10 Installments (\$300 fee)

\*Fee will be spread across the 10 payments.

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Social Security # \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Work # \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Work Address \_\_\_\_\_  
\_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Social Security # \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Work # \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Work Address \_\_\_\_\_  
\_\_\_\_\_

If separated, please provide complete information for the secondary household below.

Full Name \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_

Person Responsible for Student's Tuition and Fees (if other than parent or guardian)

Full Name \_\_\_\_\_ Cell # \_\_\_\_\_

Social Security # \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_

Previous School (if any) \_\_\_\_\_  
Name City, State

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

Names/Ages of Siblings \_\_\_\_\_

\_\_\_\_\_

Primary Language Spoken in the Home \_\_\_\_\_

Does your child speak/understand English? \_\_\_\_\_

Is your child 'potty' trained? \_\_\_\_\_

How do you discipline your child at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you reward your child at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any habits and/or mannerisms we should be made aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious Preference \_\_\_\_\_

**II. MEDICAL INFORMATION**

Child's/Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Health Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Please list all allergies that you are aware of: \_\_\_\_\_

Please list all current ailments or medical concerns that you are aware of: \_\_\_\_\_

What medication, if any, does your child take on a regular basis? \_\_\_\_\_

*RELEASE: I understand that in a school setting, minor bruises, bumps, cuts, and scrapes can and will occur. However, in the event of an emergency, I authorize the staff at The Von Wedel Montessori School to provide immediate first aid care and/or seek EMERGENCY MEDICAL SERVICES as necessary.*

Please Initial \_\_\_\_\_

**III. PHOTO RELEASE AUTHORIZATION**

I authorize  I do not authorize

...The Von Wedel Montessori School to include images of my child and/or family in its newsletters, on its World Wide Web site, or in other related media. I understand that these images will be representative of activities at Von Wedel and will not be accompanied by names and/or identifying information relating to the persons depicted. I further understand and agree that the use of such images will be without any compensation to my child and/or family, and that The Von Wedel Montessori School shall have exclusive rights, including copyright, thereafter.

**IV. ADDRESS RELEASE AUTHORIZATION**

I authorize  I do not authorize

...The Von Wedel Montessori School to include my family's home address and phone number in its "Birthday Directory." That Directory is made available to other parents for the purposes of mailing invitations for birthdays and similar events.

**V. EMERGENCY CONTACTS**

In the event of an emergency, illness, or accident, the School will make every effort to contact you as soon as possible. If we are unable to reach you, please list - in order - any others we should try to contact regarding your child's well-being.

Full Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Relation \_\_\_\_\_

Full Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Relation \_\_\_\_\_

Full Name \_\_\_\_\_ Cell # \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Relation \_\_\_\_\_

**VI. PICK-UP/RELEASE AUTHORIZATION**

Please list any persons beyond those included as Emergency Contacts who have the authority to pick-up your child from school. Do note that your child will only be released to those listed in Application sections V & VI. Should you wish for your child to leave school with anyone NOT listed, you must submit that request to the Office in writing prior to the afternoon in question. Calls on the phone will not suffice.

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

**VII. TUITION AGREEMENT**

I understand that my child's admittance to Von Wedel Montessori is for the full term (or remainder thereof), and, in enrolling, affirm to pay all tuition fees and charges as detailed in the School's *Tuition Rate Schedule*. I further understand that the amount owed to Von Wedel will not be prorated or refunded in the event of absence, illness, holidays, vacations, withdrawal, dismissal, or the like, and that my family remains obligated to the School until such time that the current Agreement is satisfied.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

