



Application for Enrollment

Date _____

Student Information

Last Name _____ First Name _____

Birth Date _____ Gender: M ___ F ___

Address _____

City _____ State _____

Zip Code _____

Home School District _____

Ethnic Origin _____
(Optional for census records)

Enrollment Information

Desired Enrollment Date _____

Desired Level: Toddler 18 – 36 mo. _____
Primary Half Day 3 – 4 yrs. _____
Primary Full Day 5 – 6 yrs. _____
Elementary 6 – 12 yrs. _____

Name of previous Montessori _____

Wrap-around desired: Yes or No (Circle one)

How did you hear about us? _____

Who referred you? _____

Parent / Guardian Information

Father

Last Name _____ First _____ Employer _____

Address _____ Occupation _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Mother

Last Name _____ First _____ Employer _____

Address _____ Occupation _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Application fee \$50.00 (non-refundable)
(Per family at time of submission)
Make check payable to:
Webster Montessori School
1310 Five Mile Line Road, Webster, NY 14580
(585) 347-0055
www.webstermontessori.org

For Office Use Only

Date Sent _____ Screening _____

Date Received _____ Fee Paid _____