



# WOODSIDE MONTESSORI ACADEMY

## APPLICATION

Name of The Child: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Contact Information: Home: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Father Work: \_\_\_\_\_ Mother Work: \_\_\_\_\_  
Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Email Information: Father Email Address: \_\_\_\_\_  
Mother Email Address: \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age: \_\_\_\_\_  
Name \_\_\_\_\_ Age: \_\_\_\_\_

School Currently Attending (if applicable): \_\_\_\_\_

### APPLYING FOR:

- \_\_\_\_\_ Primary Morning Session
- \_\_\_\_\_ Primary Afternoon Session
- \_\_\_\_\_ Primary Full Session
- \_\_\_\_\_ Elementary Program
- \_\_\_\_\_ Middle School

Intended Years of Enrollment: \_\_\_\_\_ School Year Applying for: 20\_\_\_\_-20\_\_\_\_

*Please enclose a non-refundable fee of \$50.00 with this application. This fee does not apply towards the tuition payment. Make checks payable to:*

**Woodside Montessori Academy**

*This application is for the school year noted above. Selection is based on age, application date and vacant positions in the classes. The Montessori method is based on three-year groupings and requires balance across the ages.*

For Office Use: Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date rec'd \_\_\_\_\_ Initials \_\_\_\_\_