

**Whole Earth Montessori School
Application for Admission**

Child

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Sex: M F Birthdate: _____ Age: _____

Address: _____ Zip: _____

Phone: _____ Date child will begin school: _____

Guardian

Last Name: _____ First: _____ Middle: _____

Home Address: _____ Zip: _____

Home phone: _____ Business phone: _____

Name of business: _____ Occupation: _____

Business address: _____ Zip: _____

Guardian

Last Name: _____ First: _____ Middle: _____

Home Address: _____ Zip: _____

Home phone: _____ Business phone: _____

Name of business: _____ Occupation: _____

Business address: _____ Zip: _____

Emergency Instructions

Persons to contact if parents can't be reached (must be available during school hours)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Physician phone: _____

Dentist: _____ Dentist phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Child Information Sheet

Last Name: _____ First: _____ Middle: _____

Nickname: _____ Sex: M F Birthdate: _____ Age: _____

Previous Preschools Attended (list last two)

Preschool: _____

City: _____ State: _____ Dates attended: _____

Preschool: _____

City: _____ State: _____ Dates attended: _____

Brothers and Sisters

Name: _____ Age ____ Sex: M F Name: _____ Age ____ Sex: M F

Name: _____ Age ____ Sex: M F Name: _____ Age ____ Sex: M F

Name: _____ Age ____ Sex: M F Name: _____ Age ____ Sex: M F

Please provide other information about your child such as likes, dislikes, fears, eating and sleeping habits to help us understand your child. If needed, please use back of sheet.

Persons authorized to pick up child

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Whole Earth Montessori Contract

Emergency Authorization

Child's Last Name: _____ First: _____ Middle: _____

In the event of an accident or serious illness, I hereby authorize Whole Earth Montessori to call an ambulance to take my child to the nearest hospital for appropriate care. I also give my permission for my child to receive emergency treatment as required by the attending physician. I will assume all expenses incurred by such emergency care.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Tuition Agreement

My child will attend the following days (specify Mon., Tues., etc.): _____
between the hours of (arrival) _____ (departure) _____.

I agree to pay Whole Earth Montessori School each month in advance the sum of \$ _____ due and payable by the first of each month. The first month starting August 1. If this fee is not paid by the fifth of the month, I will pay an additional charge of \$25.00. I also agree that if I do not pick up my child within 10 minutes of the time shown above, I will pay an additional charge of \$10.00 for each additional block of time.

Withdrawal Notice

I understand that if I need to withdraw my child during the school year, I will give written notice 30 days prior to the first of the month or I will be responsible for the following month's tuition.

School Closures

I understand that Whole Earth Montessori School follows closely to the Vancouver Public School schedule of holidays, Christmas vacation, Spring Break and weather closures.

I understand that the school is closed for two (2) days in the fall and two (2) days in the spring for Parent-Teacher Conferences. Since the days the school is closed have already been figured in the tuition, I understand that no further credit can be given.

Absence-Illness-Vacation

I also understand that no discounts will be given for illness, vacations or other absences. Tuition rates are based on enrollment, not attendance.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____