



Application for Enrollment

Date _____

Established 1967

Student Information

Last Name _____ First Name _____

Address _____ Gender M ___ F ___

City _____

State _____ Zip _____

Home School District _____

Birthday _____

Ethnic Origin _____
(Optional for census records)

Enrollment Information

Desired Enrollment Date _____

Desired Level Toddler 18-36 mo. ___
Primary 3 - 4yrs. ___
Extension 5 - 6 yrs. ___
Elementary _____

Name of Previous Montessori _____

Wrap-around desired _____ Yes or no

How did you hear about us? _____

Parent/Guardian Information

Father

Last Name _____ First _____ Employer _____

Address _____ Occupation _____

City _____ Work phone _____

State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Mother

Last Name _____ First _____ Employer _____

Address _____ Occupation _____

City _____ Work Phone _____

State _____ Zip Code _____

Home 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 _____