



The Westmont Montessori School

577 Route 24, Mendham, NJ 07945
(908) 879-6355 -- Fax (908) 879-8127

www.westmontmontessori.org
admissions@westmontmontessori.org

For Office Use Only:

Date Rec'd: _____

Confirmation: _____

2017-2018 MONTESSORI & Me Registration

A program for parent / caregiver and child 15 – 24 months

Laugh and play with each other as you observe your child with his increased need for independence and explore a variety of Montessori activities in a safe, nurturing, and stimulating environment.

Please return forms and fee to the above address to secure your child's spot.
Space is limited.

Session I: Fee: \$150

Wednesdays—9:30am—10:30am

October 18, 25, November 1, 8, 15

Emergency closure make-up date: 11/29 if needed

Session II: Fee: \$150

Wednesdays—9:30am—10:30am

January 31, February 7, 14, 21, 28

Emergency closure make-up date: 3/7 if needed

APPLICANT

(Full Name of Child)

(Nickname)

(Date of Birth)

(Sex)

(Address)

(City)

(State)

(Zip)

(Home Phone #)

(Ethnic Origin)

Known Allergies: _____

(Please specify)

FAMILY

Title (circle): Mr. Mrs. Ms. Miss Dr. Prof. Other _____

Title (circle): Mr. Mrs. Ms. Miss Dr. Prof. Other _____

(Parent 1/Guardian Name)

(Parent 2/Guardian Name)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(Home Phone #)

(Cell Phone #)

(Home Phone #)

(Cell Phone #)

(E-mail Address)

(E-mail Address)

How did you hear about The Westmont Montessori School? _____

Photographs

Throughout the year parents, teachers, and staff document school activities and events with photographs/videos. Occasionally, Westmont will use these photographs/videos in brochures, journals, webpages, press releases, and other online/digital marketing materials. No personal information about a student will be shared. Parents must notify the Director of Admissions in writing if they do not want their child's photo to be included in any of the aforementioned.

Parent/Guardian Signature: _____

Date: _____