



2018-2019 APPLICATION FOR ADMISSION

The Westmont Montessori School
577 Route 24, Mendham, NJ 07945 ~ (908) 879-6355
www.westmontmontessori.org
admissions@westmontmontessori.org

For Office Use Only:
Date Rec'd: _____
Check #: _____
Confirmation: _____

APPLICANT

(Full Name of Child) (Nickname) (Date of Birth) (Sex)

(Address) (City) (State) (Zip) (Home Phone #)

LITTLE STEPS (LS) Age 1-1/2+

- Session IA – T/TH** - Sept. to Dec. 2018 – 8:45am-10:30am
- Session IIA – T/TH** - Jan. to April 2019 – 8:45am-10:30am
- Session BI – M/F** - Sept. to Dec. 2018 – 8:45am-10:30pm
- Session BII – M/F** - Jan. to May 2019 – 8:45am-10:30pm

TODDLER (T) Age 2 by October 1

- (Check choices below)*
Half Day *1st Choice 2nd Choice*
- AM**
3 half days – M/W/F – 8:45am - 11:15am.....
 - 2 half days – T/TH – 8:45am - 11:15am.....
 - PM**
3 half days – M/W/F – 12:30pm – 3:00pm.....
 - 2 half days – T/TH – 12:30pm – 3:00pm.....

Full Day* (8:45 AM – 3:00 PM) Call Admissions for details
**Based on enrollment*

EARLY CHILDHOOD (EC) Age 3 by October 1

- (Check choices below)*
Half Day *1st Choice 2nd Choice*
- AM** – 8:30am – 11:30am...5 days/wk. (M-F).....
 - 8:30am – 11:30am...3 days/wk. (M/W/F).
 - PM** – 12:30pm – 3:30pm...5 days/wk. (M-F).....
 - 12:30pm – 3:30pm...3 days/wk. (M/W/F).

- Full Day (8:30am – 3:30pm)** *(Check choice below)*
- 5 full days – M-F
 - 3 full days/2 half days – M/W/F - (full day) & T/TH (half day)
 - 2 full days/3 half days – T/TH - (full day) & M/W/F (half day)

KINDERGARTEN (K) Age 5 by October 1

- Full Day**
- 5 full days (M-F) - **8:30am – 3:30pm**

The Westmont Montessori School reserves the right to make the final decision regarding class assignments.
(Please Initial): _____

FAMILY

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

(Parent 1/Guardian's Name) **(Parent 2/Guardian's Name)**

(Address) (Address)

(City, State, Zip) (City, State, Zip)

(Home Phone #) (Business Phone #) (Home Phone #) (Business Phone #)

(Cell Phone #) (Cell Phone #)

(E-mail Address) (E-mail Address)

PREFERRED EMAIL – PLEASE CHECK (1) ONE

- CONTINUED ON REVERSE SIDE -

SIBLINGS

1. _____ (Name) _____ (Age) _____ (Date of Birth) 3. _____ (Name) _____ (Age) _____ (Date of Birth)
2. _____ (Name) _____ (Age) _____ (Date of Birth) 4. _____ (Name) _____ (Age) _____ (Date of Birth)

Relatives or friends who are attending or have attended The Westmont Montessori School:

_____ (Name) _____ (Relationship) _____ (Grade/Class) _____ (Years Attended)

Has your child attended a prior school? If so, please specify name and address of school attended.

I hereby give permission to request his/her records. Yes No _____
(Please initial)

How did you learn of The Westmont Montessori School?

- Internet/Web
- Print Advertising
- Referral Name: _____

Jason K. Jacobs (JKJ) Partial Scholarship/Financial Support (T / EC / K) - I am interested in applying.

Westmont determines eligibility for admission without regard to a student’s application for scholarship. Please contact Auris Vanderbilt, Admissions Department.

This application is a formal request for admission to The Westmont Montessori School. It is not binding upon the applicant or the school. Applications submitted are considered on a rolling basis and are based on availability. Upon acceptance, a Financial Contract and Registration form will be forwarded to you.

The Westmont Montessori School does not discriminate on the basis of race, color, creed, sex, national, or ethnic origin in the administration of its educational or admission policies. This application is hereby made for admission by the undersigned parent or legal guardian for said child. **Please return this form with a non-refundable \$75 application fee payable to “The Westmont Montessori School.”**

I affirm that the information provided in this application is true and correct to the best of my knowledge. I acknowledge that failure to disclose fully and/or falsification of information may result in revocation of admission to The Westmont Montessori School.

_____ (Parent/Guardian Signature) _____ (Date)

Westmont’s Mission Statement

The Westmont Montessori School provides an environment that fosters independence, self-esteem, integrity and personal responsibility. Our Montessori philosophy empowers each child by providing the foundation to excel academically, to develop respect for self and others, and to value the world in which we live. The Westmont graduate is a capable young person who is inspired to learn.