



The Westmont Montessori School

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www.westmontmontessori.org
admissions@westmontmontessori.org

For Office Use Only:

Date Rec'd: _____

Confirmation: _____

2018 MONTESSORI & Me Registration

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

Children and caregivers happily explore and discover the inviting and nurturing Montessori environment while bonding in play, song, and language.

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

Wednesdays—9:30am—10:30am
October 10, 17, 24, 31 and November 7
Fee \$150

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 Assistant Head of School in writing if they do not want their child's photo to be included in any of the aforementioned.

Parent/Guardian Signature: _____

Date: _____