



**2020-2021 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: \_\_\_\_\_

**CHILD INFORMATION**

\_\_\_\_\_  
(Full Name of Child) (Nickname) (Date of Birth) (Sex)  
\_\_\_\_\_  
(Address) (City) (State) (Zip) (Preferred Phone #)

**LITTLE STEPS MONTESSORI (LSM)**

Age 1½ + by September 1

*CHOOSE EITHER SESSION IA OR IB ONLY*

**Session IA** – M/F - Sept. to Dec. 2020 – 8:30am-10:15am

**Session IB** – T/TH - Sept. to Dec. 2020 – 8:30am-10:15am

Session IIA & IIB (Jan.–April) re-enrollment available November 1, 2020

**TODDLER (T)**

Age 2 by October 1

*CHOOSE EITHER 2 DAY TODDLER CLASS OR 3 DAY TODDLER CLASS ONLY*

**Half Day**

(Check choices below)  
*1<sup>st</sup> Choice 2<sup>nd</sup> Choice*

**2 Day – T/TH Option**

2 half days **AM** – 8:45am – 11:15am.....

2 half days **PM** – 12:30pm – 3:00pm.....

**3 Day - M/W/F Option**

3 half days **AM** – 8:45am - 11:15am.....

3 half days **PM** – 12:30pm – 3:00pm.....

**Full Day options**

3 Full days – M/W/F – 8:45am – 3:00pm.....

2 Full days – T/TH – 8:45am – 3:00pm.....

**EARLY CHILDHOOD (EC)**

Age 3 by October 1

(Check choices below)

**Half Day**

*1<sup>st</sup> Choice 2<sup>nd</sup> Choice*

**AM** – 5 half days – M-F – 8:30am – 11:30am

**PM** – 5 half days – M-F – 12:30pm – 3:30pm

**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) & M/W/F (half day am)

2 full days/3 half days – T/TH - (full day) & T/TH (half day am)

**KINDERGARTEN (K)**

Age 5 by October 1

**Full Day Multi-Age**

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 #)

(Email Address)

(Email Address)

**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: \_\_\_\_\_
- Other  \_\_\_\_\_

**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, Assistant Head of School.

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 Registration form and Financial Contract 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. **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.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

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**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.**