



# The Westmont Montessori School

577 Route 24, Mendham, NJ 07945  
(908) 879-6355 -- Fax (908) 879-8127  
[www.westmontmontessori.org](http://www.westmontmontessori.org)  
[admissions@westmontmontessori.org](mailto:admissions@westmontmontessori.org)

### For Office Use Only:

Date Rec'd: \_\_\_\_\_

Confirmation: \_\_\_\_\_

## Westmont 1st Steps... A MONTESSORI & Me Class 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 the form & fee to the above address to secure your child's spot.  
Space is limited ~ First come ~ First served

### Check one or both

Yes \_\_\_\_\_ Winter 2020 registration: 1/15, 1/22, 1/29, 2/5, 2/12 **Wednesdays: 9:30 am—10:30 am; Fee: \$175**

Yes \_\_\_\_\_ Spring 2020 registration: 5/6, 5/13, 5/20, 5/27, 6/3 **Wednesdays: 9:30 am—10:30 am; Fee: \$175**

### 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: \_\_\_\_\_