



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) (Gender)

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

Little Steps Montessori (LSM)

Age 18 mos.+ 10/1

(Check Choices below)

Session 1 - Sept – Dec. Thursday/Friday

Session 2 - Jan. – April Thursday/Friday

Session 3 - May – June Thursday/Friday

TODDLER (T)

Age 2+ by 10/1

(Check choices below)

1st Choice 2nd Choice

HALF DAY – AM – 8:45am – 11:15:am

2 half days – T/TH

3 half days – M/W/F

5 half days – M-F

3 FULL DAYS – M/W/F – 8:45am – 2:45p

5 FULL DAYS – M-F – 8:45am – 2:45pm

EARLY CHILDHOOD (EC)

Age 3+ by 10/1

(Check choices below)

1st Choice 2nd Choice

5 AM HALF DAYS – M-F – 8:30am – 11:30am

5 FULL DAYS – M-F – 8:30am – 3:30pm

KINDERGARTEN (K)

Age 5+ by 10/1

5 FULL DAY KINDERGARTEN – M-F – 8:30am – 3:30pm

The Westmont Montessori School reserves the right to make the final decision regarding class assignments and modifying arrivals and dismissals.

(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)

- CONTINUED ON REVERSE SIDE -

SIBLINGS

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

2. _____ 4. _____
(Name) (Age) (Date of Birth) (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/Financial Support. For more details 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 spot 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)

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.