

Fall 2010 Lower School Application Form

Fall 2010 _____ Other Date _____ Today's Date _____

Preferred Program

Toddler 5-day program half day _____ full day _____ extended day _____
 **Primary 5-day program half day _____ full day _____ extended day _____
 Kindergarten full day _____ extended day _____
 Grade (circle one) 1 2 3 4 5 full day _____ extended day _____

***Applications will be considered on a first-come, first-served basis until August 30, 2010.*

Student Information

Child's Full Name _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Gender: Male _____ Female _____
 Birth Date _____ Present Age _____ yrs _____ mos
 Other Schools Attended & Dates _____
 Languages Spoken at Home _____
 Parent Status: Married/Equiv. _____ Separated _____ Divorced _____ Sole Parent _____

Mother's Information

Mother's Name _____
 Mother's Address (if different) _____
 City _____ State _____ Zip _____
 Home Phone _____ Cellular Phone _____
 Mother's E-mail _____
 Name & Address of Employer _____

 Position/Occupation _____
 Work Phone _____ Employer Main # _____

**Father's
Information**

Father's Name _____

Father's Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____

Father's E-mail _____

Name & Address of Employer _____

Position/Occupation _____

Work Phone _____ Employer Main # _____

**Other
Information**

From whom did you hear about Waterfront Montessori? _____

Friend ____ Postcard ____ Newspaper ____ Open House ____ Web Site _____

Were parents Montessori students as children? Which parent? _____

Signature

Mother/Legal Guardian

Father/Legal Guardian

Instructions

Please return

1. the completed Application Form and
2. (new students only) a check, made out to Waterfront Montessori, for the \$75 non-refundable application fee to:

Waterfront Montessori
150 Warren Street, Suite 108
Jersey City, NJ 07302

Please note that we cannot process applications without payment of an application fee.