

Montessori Children's House

1701 Vogt Dr.

West Bend, Wisconsin 53095

(262) 334-5300 Phone (262) 335-0505 Fax

Email: montessori.wb@gmail.com

Programs: Infant—Toddler —Preschool—Extended Day—Kindergarten

Please return this form with the registration fee. The fee is *non-refundable*.
A child is not registered until the fee is received.

2017/2018 School Year Registration

_____ \$40.00 for one child
_____ \$75.00 for two children
_____ \$100.00 for three children
_____ \$30.00 for Public/Parochial
Before and After School Children
_____ \$50.00 New Enrollment

Family Last Name

Parent/Guardian Names

Address

City/State

Zip Code

Telephone Number

Cell Phone Number

Email address

Starting Date: _____

Special Teacher Preference: _____

Child (ren)'s Names:

Birth date:

Program:

List below the hours you will need:

Monday: _____ Arrival Time _____ Pick up Time

Tuesday: _____ Arrival Time _____ Pick up Time

Wednesday: _____ Arrival Time _____ Pick up Time

Thursday: _____ Arrival Time _____ Pick up Time

Friday: _____ Arrival Time _____ Pick up Time

Before and After School Care: Please indicate school attending _____

I will follow Montessori's policies after reading the Policy Handbook: _____

Date

X _____
Parent/Guardian Signature

Please tell us how you learned about Montessori: _____

