

New World Montessori School

165 Burton Ave, Hasbrouck Heights, NJ 07604

201-288-7667

nwms1987@gmail.com

APPLICATION FOR THE 2023 - 2024 SCHOOL YEAR

Please print clearly and complete all the information.

Child's Last Name:		First Name:	
Name you prefer us to call your child:		Sex: Male _____ Female _____	
Date of Birth:	Age in years and months on October 1, 2023: _____ Years _____ Months		
Complete Street Address:			
City, State and Zip code:			
Mother's Email Address:		Landline Phone Number:	
Father's Email Address:		Phone Number to best contact you:	

Mother's Information

Father's Information

Name:	Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Landline Phone:	Landline Phone:
Occupation:	Occupation:
Name of Employer:	Name of Employer:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:

Names, ages, gender and birthdates of siblings: _____

How did you hear about us? Please be specific - indicate the name of the person, social media platform or the publication where learned of us.

PLEASE CHECK THE PROGRAM IN WHICH YOU WOULD LIKE TO ENROLL YOUR CHILD

	PROGRAMS	STARTING TIME	ENDING TIME
<input type="checkbox"/>	Half Day Morning - five days a week	8:30 a.m.	11:30 a.m.
<input type="checkbox"/>	Half Day with lunch - five days a week	8:30 a.m.	12:30 p.m.
<input type="checkbox"/>	Full Day - five days a week	8:30 a.m.	2:30 p.m.

Please complete both sides and sign.

Has your child had previous school experience? If so, where and for how long? _____

Why have you chosen New World Montessori School for your child? _____

The Montessori program is intended to be a three-year program. I intend to enroll my child in this program for:
_____ 3 years (2023-2024 and the two following years) _____ 2 years (2023-2024 and 2024-2025)

Please describe below any family circumstances that may be helpful for us to know: i.e. if parents are divorced or separated; special physical or emotional conditions; regular medication; special diet; treatment for allergies or any other information that would be important for us to know about your child.

ADMISSIONS:

Children should be 3 years old by October 1, 2023, in order to be considered for the program. Acceptance of children is on an individual basis after an enrollment conference at the school. The school tries to accommodate parent's requests when determining in which session a child will be enrolled, however, consideration must be given to the class composition which includes, but is not limited to, age, gender, maturity, physical and emotional development and the professional judgment of the teacher and Director. New World Montessori School admits children of any race, color, or ethnic origin.

AGREEMENTS:

I agree to pay a \$100.00 **non-refundable** application fee with this application. I understand that upon acceptance (following the enrollment conference) my first tuition payment will be due along with a registration agreement form.

I understand that, if my child is admitted to the school, my commitment is for the full academic year and my agreement to pay for the school year is not subject to adjustments due to illness, absence, vacations, holidays, or school emergency closings.

I understand that if I withdraw my child from school, previous payments will not be refunded.

I agree to allow my child to be shown in the participation of school activities in photographs, videos, or other representations of the school.

I understand that part of the regular program may include occasional neighborhood walks and by signing below, I hereby give permission for my child to join in this activity.

I agree to abide by all school policies and cooperate with the decisions made by the school and the Director.

I understand and agree to the statements above:

Mother's Signature _____

Date: _____

Father's Signature _____

Date: _____