

**White Bear Montessori School**  
**Application for Admission 2010-2011**

Students Full Name: First Middle Last \_\_\_\_\_ Calling Name \_\_\_\_\_

Male \_\_\_ Female \_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age in September \_\_\_\_\_

Email Address \_\_\_\_\_ Preferred way to be contacted (ie, home, work, cell phone or email) \_\_\_\_\_

Present School/Childcare Center \_\_\_\_\_ Present Grade \_\_\_\_\_

Address of Present School \_\_\_\_\_ Name of teacher \_\_\_\_\_ School Phone Number \_\_\_\_\_

APPLICATION FOR (Check one): Parent/Infant (8 weeks-15 months) Fall \_\_\_ Winter \_\_\_ Spring Session \_\_\_  
Toddler (16-32 months) \_\_\_ Children's House (age 33 months-6 years) \_\_\_  
Elementary (ages 6 – 9 years) \_\_\_

Applying for Fall of 2010-11 or other: \_\_\_\_\_ Will your child require any aftercare? Yes \_\_\_ No \_\_\_

Each new family\* must submit a \$50.00 application processing fee for your application to be considered. This fee is non-refundable under all circumstances. Please make check payable to White Bear Montessori School. \*(A new family is defined as a family that has never had a child enrolled at White Bear Montessori School.)

Parent/Infant families, please submit a \$45.00 registration deposit that will be applied towards the session fee.

Parent/Guardian – Full Name \_\_\_\_\_

Parent/Guardian – Full Name \_\_\_\_\_

Home Address/If different from student ( ) \_\_\_\_\_ Phone \_\_\_\_\_

Home Address/If different from student ( ) \_\_\_\_\_ Phone \_\_\_\_\_

Occupation/Employed By ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation/Employed By ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_

Who, of named parent/guardian, is responsible for child's financial support? \_\_\_\_\_

How did you hear about White Bear Montessori School? \_\_\_\_\_

Name and ages of siblings (include current school):  
\_\_\_\_\_  
\_\_\_\_\_

Relatives who are attending or have attended White Bear Montessori School:  
\_\_\_\_\_  
\_\_\_\_\_

Do you want to receive a Tuition Assistance Packet? \_\_\_\_\_

Yes \_\_\_ No \_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Date Application/Received: \_\_\_\_\_ Check # \_\_\_\_\_ Observation Date: \_\_\_\_\_ Age of Applicant as of 9-1-10: \_\_\_\_\_