

Montessori Academy of Winter Garden

13337 W. Colonial Dr. Winter Garden, FL 34787

Phone (407) 656-8500 Fax (407) 656-8615

Application for Admission

montessoriacademyofwg@gmail.com

Primary Half Day 8:30 a.m. - 12:00 p.m.

VPK

Applicant Information

Primary Full Day 8:30 a.m. - 3:00 p.m.

Extended Day 7:00 a.m. - 6:00 p.m.

Last Name	First Name	Middle Name	<input type="radio"/> male	<input type="radio"/> female
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Preferred Name	Date of Birth (m/d/y)	Age	Social Security Number
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Address	City	State	Zip
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Home Phone	Alternate Phone	Country of Birth	Citizenship
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Previous School	Dates Attended
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Parent/Guardian Information

1

Last Name	First Name	<input type="radio"/> Mr.	<input type="radio"/> Mrs.	<input type="radio"/> Ms.	<input type="radio"/> Dr.
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Relationship to Applicant Father Mother Other, please specify: _____

Address	<input type="radio"/> Check here if same address as applicant	City	State	Zip Code
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Cell phone #

Employer Name	Business Phone	E-mail Address
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Profession

2

Last Name	First Name	<input type="radio"/> Mr.	<input type="radio"/> Mrs.	<input type="radio"/> Ms.	<input type="radio"/> Dr.
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Relationship to Applicant Father Mother Other, please specify: _____

Address	<input type="radio"/> Check here if same address as applicant	City	State	Zip Code
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Cell phone #

Employer Name	Business Phone	E-mail Address
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Profession

Applicant lives with:

Both Parents Mother Father Other _____

If Parents are divorced or separated, who has legal custody of the applicant? _____

List other children in the family:

Name	Age
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Name	Age
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Name	Age
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Has your child been tested for:

- Speech and/or hearing therapy
- Psychological/Educational Assessment
- Visual examinations
- Learning disabilities

Authorization to Consent to Medical Treatment In the event my child becomes ill or injured at school and I cannot be reached, Montessori Academy of Winter Garden is authorized to take one or more of the following actions:

a) release my child to either of the people listed below or b) take my child to a hospital and give consent for emergency care.

Montessori Academy of Winter Garden is not financially responsible for emergency care or transportation to the hospital.

Person(s) to be notified in case of illness or accident:

Name	Relationship to child	Phone number
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Name	Relationship to child	Phone number
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Persons permitted to remove child from school

Mother

Father

Name	Relationship to child	Phone number
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Name	Relationship to child	Phone number
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Name	Relationship to child	Phone number
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Name	Relationship to child	Phone number
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Name	Relationship to child	Phone number
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Enrollment Contract

Student

Nickname

DOB

Parent/Guardian full name (please print)

Parent/Guardian full name (please print)

Please complete all forms and return it to the school with a one-time non-refundable application fee of \$120.00.

Because Montessori is an individualized program, children may enter at any time during the academic year. Such children will have tuition prorated for the remaining school days.

I understand that my obligation to pay the tuition for the full academic year is unconditional and that no portion of such charges will be refunded or cancelled unless the space is filled by another child.

I understand that there is no automatic reduction of fees when my child is on vacation or gone from the Academy for any other reason or during scheduled days the school is not open (holidays, teacher workday etc.)

Tuition payments will be made by check or money order. A \$20.00 late fee will be charged for accounts not paid by the 5th day of each month.

I understand there will be a returned check fee of \$45.00.

I understand a charge of \$10.00 for every five minutes that the student is left at the school past the contracted program hours. (After 6:00 p.m.)

New children are accepted on a 6-week trial basis. If, in the opinion of the teachers and director, the child is not benefiting from the program, the school will refund tuition on a pro-rated basis at the time of the child's withdrawal.

We accept all students regardless of race, color, religion, sex, disability, or national origin.

Parent (Guardian) _____ Date _____

Director _____ Date _____