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| **2024 - 2025 Student Registration**   |  |  | | --- | --- | | Student Information | | |  | |

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| **Child’s Name (First, Middle, Last)**  **Montessori Enrollment Age / Grade (Check one):**  PK 3 PK 4 Kindergarten 1st Gr. 2nd Gr. 3rd Gr. 4th Gr. 5th Gr. 6th Gr. |  | **Date of Birth**  **Age**  7th Gr. 8th Gr.  9th Gr. 10th Gr. 11th Gr. 12th Gr. |  |
| Parent Contact Information | | | |

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| Click or tap here to enter text. | | |  | Click or tap here to enter text. | | | | |
| Parent’s/Guardian’s Name | | |  | Employer & Occupation/Position | | | | |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. | | |  | Click or tap here to enter text. |
| Primary Phone |  | Secondary Phone |  | Work Phone | | |  | Email |
| Click or tap here to enter text. | | |  | Click or tap here to enter text. | | | | |
| Home Address | | |  | Work Address | | | | |
| Click or tap here to enter text. | | |  | Click or tap here to enter text. | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | |
| |  | | --- | | Click or tap here to enter text. | | Child’s Previous School (new students) | | | |  | |  | | --- | | Click or tap here to enter text. | | Sibling Names and Ages (new students) | | | | | |
| Second Parent or Alternate Emergency Contact | | | | | | | | |
|  | | | | | | | | |
| Click or tap here to enter text. | | |  | Click or tap here to enter text. | | | | |
| Parent’s/Guardian’s Name or Emergency Contact | | |  | Employer & Occupation/Position | | | | |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. | | |  | Click or tap here to enter text. |
| Primary Phone |  | Secondary Phone |  | Work Phone | | |  | Email |
| Click or tap here to enter text. | | |  | Click or tap here to enter text. | | | | |
| Address | | |  | Work Address | | | | |
| Click or tap here to enter text. | | |  | Click or tap here to enter text. | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | |
| Tuition and Fees | | | | | | | | |
| A nonrefundable registration fee of **$200.00** is required for registration. Tuition can be paid through automatic draft from your checking account as 10 payments from August through May. The following tuition rate is as follows:  1st child enrolled - $425.000/month 2nd child enrolled - $368.000/month  3rd child enrolled - $311.50/month Each child thereafter - $311.50/month  In lieu of supplies fees, parents are responsible for purchasing the classroom supplies requested on classroom supply lists. These will be mailed to parents by July of 2022. Some materials may be shared among the learning environment. Supplies should be delivered to the school on or before the first day of the 2023-2024 school year. | | | | | | | | |
| Emergency and Medical Information | | | | | | | | |
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| Click or tap here to enter text. | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | |
| Click or tap here to enter text. | | | | |  | Click or tap here to enter text. | | |
| Physician’s Name | | | | |  | Phone Number | | |
| Click or tap here to enter text. | | | | |  | Click or tap here to enter text. | | |
| Insurance Company | | | | |  | Policy Number | | |
| Click or tap here to enter text. | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | |
| **Medical Treatment**  I authorize all first response medical treatment and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I understand that my child may not take any prescribed medication at school without having a Permission for Medication Form (provided by WPS) submitted to the school office. | | | | | | | | |
|  | | | | | | | | |
| Click or tap here to enter text. | | | | |  | Click or tap here to enter text. | | |
| Parent’s/Guardian’s Name | | | | |  | Date | | |
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**New WPS Families Only**

**Referring Source:**

A Current WPS Family \_\_\_Click or tap here to enter text.\_\_

Other Referral \_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_

**Other Documentation Required at time of Enrollment**

* Paid $200.00 Non-refundable Registration Fee
* Form No. 121 Certificate of Immunization Compliance
* Birth Certificate
* Parent Photo ID