



2010/2011
New World Montessori School
 1101 W. Brown Deer Road Milwaukee, WI 53217
 General (414)351-6000 Admissions (414)351-6001

Check# _____

Date Rec'd _____

Child Enrollment and Medical Consent Form

Name: Last _____ **First** _____ **Middle** _____ **Sex** _____

Date of Birth (Month/Day/Year) _____ **Place of Birth** _____ **Desired Enrollment Date** _____

Primary (under age 5) 8:00-11:00 a.m. Full Day (under age 5) 8:00 a.m. – 2:30 p.m. Extended Day (ages 5-6) 8:00 a.m. – 2:30 p.m. Elementary – Grade _____ 8:00 a.m. – 2:30 p.m.

Father _____ Home Phone # _____ Cell # _____
 Home Address _____ City _____ Zip _____
 Business Name & Address _____
 Occupation _____ Business # _____ Hours of Work _____
 E-mail Address _____

Mother _____ Home Phone # _____ Cell # _____
 Home Address _____ City _____ Zip _____
 Business Name & Address _____
 Occupation _____ Business # _____ Hours of Work _____
 E-mail Address _____

Current School District: _____

Names and Location of all schools attended: _____

Names and ages of brothers/sisters: _____

Emergency Contact: Name of person(s) to notify in case of emergency when parent/guardian is not available:

Name: _____ Phone # _____ Alt # _____

Name: _____ Phone # _____ Alt # _____

Person(s) authorized to call for my child:

Name: _____ Day phone # _____ Alt # _____

Please list any allergies or other pertinent information (use other side if necessary)

I hereby make application for the above named student to be admitted to New World Montessori School. I have endorsed a non-refundable registration fee of \$500.00.

I give my consent for emergency medical care or treatment, to be used only if I cannot be reached immediately, and will pay all charges in connection with the medical treatment.

Parent /Guardian Signature _____ Today's Date _____