

SUMMER 2011

NEW WORLD MONTESSORI SCHOOL

Enrollment Form

Check # _____

Date Rec'd. _____

Child's Last Name _____ First Name _____

Address _____

Grade (Fall 2011) _____ School _____

Sex M F Birth date ____/____/____

Mother's Name _____ Father's Name _____

Telephone _____ Telephone _____

2nd Telephone _____ 2nd Telephone _____

Email _____ Email _____

Emergency Contact Information:

If neither parent can be reached, New World will contact those listed below:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

People authorized to pick up the child:

Please describe all allergies, dietary restrictions, or other medical conditions:
(If you need addition space, please use the back of this form.)

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

Parent/Guardian Signature _____ Date _____

NEW WORLD MONTESSORI SCHOOL
 1101 W. BROWN DEER ROAD
 RIVER HILLS, WI 53217

(LOCATED INSIDE THE INDIAN HILL SCHOOL
 BUILDING)

WWW.NEW-WORLD-MONTESSORI.ORG

MAIN: (414) 351-6000
 ENROLLMENT: (414) 351-6001 OR
 TracyT@new-world-montessori.org