



New World Montessori School

Summer 2019

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M / F  
Address \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

People authorized to pick up child or to contact if parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please describe all allergies, dietary restrictions, or other medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

	<i>Week</i>	8:00-8:30 Child Care	<i>Montessori</i> 8:30-11:30 am \$160/wk. Mon.-Thurs.	<i>Afternoon</i> 11:30-2:30 pm \$80 wk. Mon.-Thurs.	<i>Afternoon</i> 2:30-5:30 \$80/wk. Mon.-Thurs.	<i>Fridays</i> 8:30-5:30 \$60 each
<i>1</i>	<i>June 17-20</i>					<i>6/21</i>
<i>2</i>	<i>June 24-27</i>					<i>6/28</i>
<i>3</i>	<i>July 1-5</i>					<i>----</i>
<i>4</i>	<i>July 8-11</i>					<i>7/12</i>
<i>5</i>	<i>July 15-18</i>					<i>7/19</i>
<i>6</i>	<i>July 22-25</i>					<i>7/26</i>
<i>Total</i>			<i>\$ _____</i>	<i>\$ _____</i>	<i>\$ _____</i>	<i>\$ _____</i>

\*Week 3 Montessori classes will be held on July 1, 2, 3, and 5. Enrollment form due by May 1. Full tuition is due at time of enrollment. If a class is filled to capacity or cancelled due to low enrollment, the tuition will be refunded in full.

Drop off or mail registration form and full payment to:

New World Montessori School  
1101 W. Brown Deer Rd.  
River Hills, WI 53217  
**414-351-6000**

Please make checks payable to New World Montessori School.