

# WEST END MONTESSORI SCHOOL

## Enrollment Application

Date App. Rcvd. \_\_\_\_\_

<input type="checkbox"/> 2023-2024 Academic Year	<input type="checkbox"/> 2024-2025 Academic Year	<input type="checkbox"/> Summer 2024* Start
<input type="checkbox"/> Toddler <input type="checkbox"/> 3Day <input type="checkbox"/> 5 Day   Extended Day: _____	<input type="checkbox"/> 7:30-8:30 am     _____	<input type="checkbox"/> 11:45 - 2:45     _____
<input type="checkbox"/> Early Childhood <input type="checkbox"/> 3Day <input type="checkbox"/> 5Day   Extended Day: _____	<input type="checkbox"/> 7:30-8:30 am     _____	<input type="checkbox"/> 12:30 - 3:00     _____
<input type="checkbox"/> Elementary     Extended Day: _____	<input type="checkbox"/> 7:30-8:30 am     _____	<input type="checkbox"/> 3:00 - 5:30     _____

### CHILD INFORMATION

First Name	Middle	Last	Nickname	Sex	Birth Date
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Full Address	City	Zip
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Previous Child Day Care Programs and Schools Attended	Siblings' Names and Ages	Phone Number - Family Directory
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### PARENT / GUARDIAN / AGENCY HAVING LEGAL CUSTODY

Parent's / Guardian's Full Name	Home Phone	Work Phone	Company / Profession
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Full Address	City	Zip	Email Address
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Parent's / Guardian's Full Name	Home Phone	Work Phone	Company / Profession
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Full Address	City	Zip	Email Address
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Person(s) or Agency Having Legal Custody	Home Phone	Work Phone	Company / Profession
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Full Address	City	Zip	Email Address
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### EMERGENCY INFORMATION

Allergies or Intolerances to Food, Medication, etc. and Emergency Action	Emergency Phone Number
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Dietary Preferences	Child's Physician	Phone
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1. Local Contact Person if Parent / Guardian cannot be reached	Full Address	Phone
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2. Local Contact Person if Parent / Guardian cannot be reached	Full Address	Phone
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Persons Authorized to Pick Up Child	Persons <u>Not Authorized</u> to Pick Up Child
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Is your child now or has your child received any of the following therapies? \_\_\_Speech \_\_\_Occupational \_\_\_Social / Emotional \_\_\_Physical

Chronic physical conditions, pertinent developmental information and / or accommodations needed

Name of school or program currently attending	(Continued on Back)
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\* Summer participation requires student enrollment and paid enrollment deposit for the following school year.

## AGREEMENTS

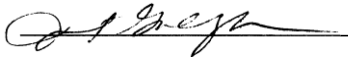
1. The school agrees to notify the parent / guardian whenever the child becomes ill and the parent / guardian will arrange to have the child picked up as soon as possible if so requested by the school.
2. The parent / guardian authorizes the school to obtain immediate medical care if any emergency occurs when he / she cannot be located immediately\*.
3. The parent / guardian will inform WEMS within 24 hours or the next business day after the child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. Field trip transportation, if needed, will be provided by parent, another school family, or teacher.
5. The parent / guardian gives permission for photographs to be taken of the child at work and play to be used for WEMS informational or promotional efforts such as yearbook, e-newsletters, and website.

\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or agency having legal custody of the child that states their objections and the reason for their objection.

## SIGNATURES

\_\_\_\_\_  
Parent, Guardian, or Agency Having Legal Custody of the Child

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Janet Gallagher, Head of School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Child Entered School

\_\_\_\_\_  
Date Child Left School

### How did you hear about West End Montessori School?

- Internet Search   
  Word of mouth   
  Website  
 WEMS Parent (name) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

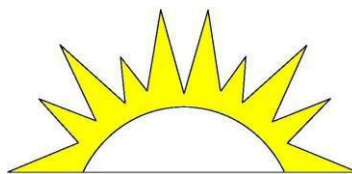
Please submit a one-time \$50.00 non-refundable fee with this form payable to:

**WEST END MONTESSORI SCHOOL**  
9307 Quioccasin Road Richmond, VA 23229

### FOR OFFICE USE ONLY

Date Application Received _____	Cash _____	Check # _____	Amount \$ _____	Date Entered MR _____	QB _____	Records Request _____
Birth Date _____	Birth Certificate Number _____				Date Issued _____	
Place of Birth _____			Other Form of Proof _____			
Date Documentation Viewed _____			Person Viewing Documentation _____			

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.



**WEST END MONTESSORI SCHOOL**  
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804-523-7536 Main, 804-740-0285 Fax  
[www.westendmontessori.com](http://www.westendmontessori.com)