

Application for Admission

Woodpark Montessori – Burnsville

Instructions: Please print and fill out **both** sides of this form completely.



Parent Informa	tion		MONIESSORI			
First		First				
Last		Last				
	Mother Father		Mother Father			
Relation to Child	Grandparent Foste	Relation to Child	Grandparent Foster			
	Other; Specify	_	Other; Specify			
Email		Email				
Address Inform	ation					
Address		Same as Primary				
		Address				
City		City				
State, Zip		State, Zip				
Primary Phone	(Primary Phone	(
Alternate Phone	Mobile Home Work ()	_ Alternate Phone	Mobile Home Work () Mobile Home Work			
Work Informati	ion					
Employer		Employer				
Position		Position				
Other Informat	ion					
Separate Ledgers	Does your family require separate	ledgers per parent?	Yes No			
Custody Notes						

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Child Information

First		Last	
Birthday or Due Date	Check if Due Date	Sex	Male Female
Child Lives With?		Special Conditions and Notes	
Child's Ethnicity		Child's Primary Language	
Allergies		Family Culture, Customs, and Language	

Program Information

Level	rant	Toddler	Preschool
	vks-15 mo)	(16 mo-32 mo)	(33 mo-6yrs)

Program Days	All children attend 5 days each week. Note: Infants must be on a 5 full or 5 extended schedule.				
Program Times (Please select one)	Extended Day 6:30am – 5:30pm	Full Day 8:00am – 4:00pm	School Day 8:30am – 3:30pm		
		Ideal Start Date:	/		

The \$200.00 Application Fee and \$100 Activity and Material Fee will be processed via the EFT Form accompanying this application. This application fee is non-refundable. There is no refund in tuition for holidays, illness, vacation, or closings due to emergency situations, inclement weather or other time away from the program. One month's written notice is required prior to withdrawal or for reduction in schedule. Any tuition not paid by the 1st of each month will incur a \$50.00 late fee. Endeavor Schools reserves the right to request a child withdraw from the program if, in the opinion of the school, the child does not adjust to the program, benefit from the program or if the family account is not in good standing. Any coupons must be submitted with this application. I understand and agree to the above terms.

I hereby authorize Woodpark Montessori to take my child to its source of emergency care or doctor, as listed on the Center Information Board, if they are unable to contact the person(s) or any of the emergency numbers listed. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's doctor, and/or an adult acting on the parent's behalf.

Parent/Guardian Signature	 Date:	/	_/
Parent/Guardian Signature	 Date:	/	_/

App/Act. & Mat. Fee:	Date Rec'd:	Parent has Packet?	Yes	No	Received By:		Waitlist	Yes
Start Date:	Classroom:	Current Parent?	Yes	No		CRM? Yes	s No	

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