



Student Registration Form

*Woodland Nature
Montessori School*

Date _____

Student Name _____

Date of Birth _____

Student's Home Address _____

City _____ State _____ Zip _____

Name of Parent/Guardian _____

Home Address (if different from student) _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Cell Phone _____ Email Address _____

Name of Parent/Guardian _____

Home Address (if different from student) _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Cell Phone _____ Email Address _____

- Programs Desired
- Full Time Primary Program 8:30 - 3:00
 - Before Care 7:30 - 8:30 (Free)
 - After-Care 3:00 - 6:00

(For WNMS use) \$200 Registration and Materials Fee Paid (Non-Refundable)

Full-Time Primary Program 8:30 - 3:00	\$9000 / Year, broken into 10 monthly installments of \$900 each.
Before Care 7:30 - 8:30 (Free)	Included with Full-Time Primary tuition.
After-Care 3:00 - 6:00	\$125 / Month. If you require fewer days on an ongoing basis, we will pro-rate accordingly.
Sibling Discount for the second child:	5% Discount
Tuition Paid in Full in Advance:	5% Discount

Enrollment decisions will be made after a 1-hour observation and a parent interview.

Additional people authorized to pick up the student, other than those listed on the first page:

Name: _____ **Relation to Student:** _____

Cell Phone: _____

Name: _____ **Relation to Student:** _____

Cell Phone: _____

Name: _____ **Relation to Student:** _____

Cell Phone: _____