



PRESCHOOL STUDENT APPLICATION 2019-20  
**WASHINGTON MONTESSORI DAY SCHOOL**

2330 OLD BATH HWY  
WASHINGTON, NC 27889

**\$125 NON-REFUNDABLE APPLICATION FEE**  
(We will refund the fee only to those who are not offered a slot)

**\*Washington Montessori Day School is only available for siblings of currently enrolled charter school students and for faculty or subcontractor's children.**

**\*Completed application must include a copy of the child's birth certificate, current immunization record and application fee.**

AGE OF STUDENT AS OF 8-31-19 \_\_\_\_\_ SEX OF STUDENT M \_\_\_\_\_ F \_\_\_\_\_

IS THERE A SIBLING THAT CURRENTLY ATTENDS OUR SCHOOL? Y \_\_\_\_\_ N \_\_\_\_\_

IF YES, PLEASE LIST THEIR NAMES: \_\_\_\_\_

ARE YOU INTERESTED IN: 12:30 pick-up \_\_\_\_\_ or 3:00 pick-up \_\_\_\_\_

8:00 drop-off with 12:30 pick-up Rate: \$125.00 Registration Fee and 10 payments of \$315.00

8:00 drop-off with 3:00 pick-up Rate: \$125.00 Registration Fee and 10 payments of \$457.00

*\*\*Rates are subject to change\*\**

**STUDENT INFORMATION**

NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

MAILING ADDRESS: \_\_\_\_\_  
STREET/APARTMENT NUMBER or PO BOX  
\_\_\_\_\_  
CITY STATE ZIP

PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):  
\_\_\_\_\_  
STREET/APARTMENT NUMBER  
\_\_\_\_\_  
CITY STATE ZIP

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ HOME PHONE #: \_\_\_\_\_

LANGUAGE SPOKEN: \_\_\_\_\_

STUDENT RACE AFRICAN AMERICAN \_\_\_\_\_ ASIAN \_\_\_\_\_ CAUCASIAN \_\_\_\_\_  
NATIVE AMERICAN \_\_\_\_\_ LATINO \_\_\_\_\_ OTHER \_\_\_\_\_

LIST MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_

PREVIOUS PRE-SCHOOL or DAYCARE EXPERIENCE: \_\_\_\_\_

Has your child ever been tested for any of the following:

Speech/Language screening       Hearing Screening       Other Health Impairments

**PARENT/GUARDIAN INFORMATION**

**STUDENT LIVES WITH (CHECK ONE)**     BOTH PARENTS     MOTHER     FATHER  
 OTHER - RELATION TO STUDENT \_\_\_\_\_

**NAME:** \_\_\_\_\_  
                                    LAST  FIRST  MIDDLE

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**PHONE NUMBERS:**      WORK: \_\_\_\_\_      CELL: \_\_\_\_\_

**NAME:** \_\_\_\_\_  
                                    LAST  FIRST  MIDDLE

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**PHONE NUMBERS:**      WORK: \_\_\_\_\_      CELL: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Please provide any additional information about your child that you think may assist us in his/her education:

\_\_\_\_\_

\_\_\_\_\_

Washington Montessori Day School does not discriminate against applicants on the basis of race, color, religion, national origin, sex, or disabilities. The applicant must be toilet trained and 3 years old prior to the beginning date of the child’s attendance unless determined otherwise by day school administration. The applicant must be a sibling of a currently enrolled Washington Montessori Public Charter School student or the child of a currently employed faculty member.