



The Watson Hall Montessori School Before and After School Program			
<u>Programs</u>	<u>Grade</u>	<u>Status</u>	<u>Office Only:</u>
<input type="checkbox"/> Before School Program (7 a.m.-8:30 a.m.)- \$175.00	<input type="checkbox"/> K	<input type="checkbox"/> New Student	Date: _____
<input type="checkbox"/> After School Program (3:45p.m.-6:00 p.m.)- \$225.00	<input type="checkbox"/> 1	<input type="checkbox"/> Sibling	Amount: _____
<input type="checkbox"/> Before & After School- \$400.00	<input type="checkbox"/> 2	<input type="checkbox"/> Staff	Ck. No. _____
	<input type="checkbox"/> 3		
	<input type="checkbox"/> 4		
	<input type="checkbox"/> 5		

**Child's Name:** \_\_\_\_\_  
 Last First Middle

- Male  
 Female

**Home Address:** \_\_\_\_\_

City/County State Zip

Telephone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION - Parent/Guardian 1 (please complete)**

\_ Mr. \_ Mrs. \_ Ms. \_ Dr. \_ Other \_\_\_\_\_

\_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_

City State Zip

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

# The Watson Hall School Admissions Application

## Parent/Guardian 2 (please complete)

\_ Mr. \_ Mrs. \_ Ms. \_ Dr. \_ Other \_\_\_\_\_

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Last First Middle

Address \_\_\_\_\_

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City State Zip

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parents/Guardians are: \_ Married \_ Separated \_ Divorced \_ Single \_ Widowed \_ Deceased

Student resides with: \_ Both Parents \_ Mother \_ Father \_ Guardian(s)

Other adults (i.e. stepparents, grandparents) with whom the child lives:

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

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

A copy of any legal arrangements concerning the student should be submitted with this application. WHS will distribute all pertinent documents (i.e., progress reports, financial statements, etc.) to all legal guardians (as specified on this application) unless legal documentation specifies otherwise.

Financial responsibility for the student's program fees will be assumed by (please provide name and address if not Parent/guardian): \_\_\_\_\_

Please let us know any pertinent medical facts (such as allergies, potential communicable diseases, physical impairments, treatment for emotional concerns or special disabilities), and information involving adoption, divorce, or family relocation.

**I understand completing of this application is not enrollment into The Watson Hall School. All information provided, regarding the applicant, is complete and truthful to my knowledge.**

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Parent/Guardian Signature Date

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Parent/Guardian Signature Date