



Williamsburg Montessori
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APPLICATION / ELEMENTARY 2020-21

Parent/Guardian Information

Registration Date: _____

Parent 1 / Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Driver's License #: _____ Last 4 Digits of SS#: (Security Question) _____

Email: _____ Custodial Parent Yes No Both

Parent 2 / Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Driver's License #: _____ Last 4 Digits of SS#: (Security Question) _____

Email: _____ Custodial Parent Yes No Both

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

Nursery / Preschool / Daycare Previously Attended _____

Primary Language Spoken at Home _____ Secondary _____

First Date of Anticipated Enrollment _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Photos: May we photograph your child for security purposes? Yes No

May we photograph your child for Newsletters etc ? Yes No

