



WESTSIDE MONTESSORI SCHOOL
EST. 1977

13555 Briar Forest Drive, Houston, Texas 77077

Telephone: 281-556-5970 Fax: 281-556-5961

E-mail: wms@westsidemontessori.com

ENROLLMENT/WAIT LIST APPLICATION

Our mission at Westside Montessori School is to nurture and educate every child to meet his or her full potential. WMS operates with fidelity to the Montessori philosophy and principles. The school is designed to ensure safety and nurtures a rigorous, caring, and supportive environment.

CHILD'S NAME _____ Date _____

DATE OF BIRTH ___/___/___ MALE ___ FEMALE ___

HOME ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

CURRENT GRADE _____

IS THERE ANY LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME? _____

IF SO, HOW OFTEN? _____

SIBLING(S) ATTENDING WMS? _____

PARENT/GUARDIAN INFORMATION

Name: _____

RELATION TO CHILD: _____

Male ___ Female ___

PRIMARY PHONE: _____

SECONDARY PHONE: _____

EMAIL: _____

DL#: _____

EMPLOYER: _____

OCCUPATION: _____

WORK PHONE: _____

Resides with student: Yes ___ No ___

If no, include home address:

Assessment Date: _____ Time: _____

Parent Orientation Date: _____ Time: _____

Name: _____

RELATION TO CHILD: _____

Male ___ Female ___

PRIMARY PHONE: _____

SECONDARY PHONE: _____

EMAIL: _____

DL#: _____

EMPLOYER: _____

OCCUPATION: _____

WORK PHONE: _____

Resides with student: Yes ___ No ___

If no, include home address:

Assessment with: _____

Fees Paid: Registration ___ Supply ___ Deposit ___

SIBLING INFORMATION

NAME	AGE	GRADE	SCHOOL

PROGRAM REQUESTED

CHOOSE PROGRAM DESIRED

TODDLER (18 MONTHS-3 YEARS)

MORNING 8:45-11:45 _____ MORNING WITH NAP 8:45-2:30 _____

PRIMARY (3YEARS-5 YEARS)

MORNING 8:45-11:45 _____ MORNING WITH LUNCH BUNCH 8:45-2:30 _____

KINDERGARTEN 8:45-2:30 _____

LOWER ELEMENTARY

GRADE 1 _____ GRADE 2 _____ GRADE 3 _____

UPPER ELEMENTARY

GRADE 4 _____ GRADE 5 _____ GRADE 6 _____

MIDDLE SCHOOL

GRADE 7 _____ GRADE 8 _____

ADDITIONAL OPTIONS (check if needed routinely and additional fees apply)

Early Care 7:00-8:15 _____ Early drop-off 8:00-8:30 _____

Primary After Care 2:30-6:30 _____ Elementary After Care 3:15-6:30 _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event either parent cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

NAME OF HOSPITAL: _____

Hospital Address: _____ Phone: _____

NAME OF PHYSICIAN: _____

Physician's Address: _____ Phone: _____

I give consent for necessary emergency treatment when my child in in the care of this physician, hospital or clinic.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

EMERGENCY CONTACT PERSON(S) – LOCAL CONTACT ONLY – OTHER THAN PARENTS!

I authorize Westside Montessori School to allow my child to leave the facility with the following persons **ONLY!** In the event of an emergency, the following person(s) may be contacted to pick up the student if the parents cannot be reached (Please list individuals other than parents of the child.) Additional sheets may be attached, if required.

1. _____
NAME ADDRESS and PHONE NUMBER

2. _____
NAME ADDRESS and PHONE NUMBER

3. _____
NAME ADDRESS and PHONE NUMBER



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TODDLER PARENT QUESTIONNAIRE

1. Toilet training (please explain) _____

2. Describe your child's eating habits. _____

3. Does your child feed him/herself? _____

4. Describe your child's sleeping and nap habits? _____

5. Do you have any concerns about your child's behavior? _____

6. What frustrates your child? _____

7. How does your child approach new experiences/situations? _____

8. Does your child separate well? _____

9. Does your child carry a security item? _____

10. What activities does your child enjoy? _____

11. How often is your child around other children his/her own age? _____

12. Has your child ever been with a babysitter? _____



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PRIMARY CLASS PARENT QUESTIONNAIRE

1. Has your child been fully potty trained? _____

2. Describe your child's eating habits. _____

3. How much television, computer or hand-held device screen time does your child have a day? _____

4. Describe your child's sleeping and nap habits? _____

5. Do you have any concerns about your child's behavior? _____

6. What frustrates your child? _____

7. How does your child approach new experiences/situations? _____

8. Does your child separate well? _____

9. Does your child carry a security item? _____

10. What activities does your child enjoy? _____

11. How often is your child around other children his/her own age? _____

12. Has your child ever been with a babysitter? _____



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ELEMENTARY PARENT QUESTIONNAIRE

1. Why do you want your child to attend Westside Montessori School? _____

2. What does Montessori education mean to you? _____

3. Why do you think Westside Montessori would be a good match for your child and your family? _____

4. What are your child's greatest strengths and challenges as both a student and a person? _____

5. Where is your child currently enrolled, and why are you changing schools? _____

6. Does your child have any responsibilities at home? Please explain. _____

7. What are your child's interests and activities outside of school? _____

8. Does your child receive any academic services? Please explain. _____

9. Do you have any concerns about your child's developmental growth (academic, physical, or social)?

10. Please share any information that will help us better know your child. _____



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MIDDLE SCHOOL PARENT QUESTIONNAIRE

1. Why do you want your child to attend Westside Montessori School? _____

2. What does Montessori education mean to you? _____

3. What are your educational goals for your child? _____

4. What are three adjectives that best describes your child? _____

5. Why do you think Westside Montessori would be a good match for your child and your family? _____

6. What are your child's greatest strengths and challenges as both a student and a person? _____

7. Where is your child currently enrolled, and why are you changing schools? _____

8. Does your child have any responsibilities at home? Please explain. _____

9. What are your child's interests and activities outside of school? _____

10. Does your child receive any academic services? Please explain. _____



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**STUDENT QUESTIONNAIRE
FOR STUDENTS 1ST-8TH**

NAME OF STUDENT _____

GRADE APPLYING FOR _____

1. Name a book that you have enjoyed this year and tell us why.

2. What do you enjoy learning and what is something new you would like to learn?

3. Describe someone of something that is important in your life.

4. What other information would you like to share about yourself?
