

Wortspiele German Montessori Preschool Application Form 2017-18

Child's Name: _____
First
Last
Nickname

Child's Birthdate: ____/____/____ Place of Birth: _____ Male Female
Month Day Year
City/ State or Country

Home Address: _____
Street
Apartment

City
Zip code
Phone: _____

parent e-mail: _____

Please indicate your choice

Tuition

Two's (2 year olds)

Mo,Wed & Fr 9:00AM -11:00 AM **\$4,500.00**

Preschool (3 and 4 year olds) 9:00 AM - 2:50 PM

3 days pick your days: Tue Th & ____ **\$11,500.00**

4 days pick your days: Tue Th & ____ & ____ **\$14,250.00**

5 days M-Fr **\$17,000.00**

I will need after school care (Monday through Thursday) until 5:45 PM

2 days **\$3,240.00** 3 day **\$4,860.00** 4 days **\$6,480.00**

Choice days are subject to availability.

Please indicate below if you want Wortspiele to offer you alternative days if your preferred days are filled.

Yes, please suggest alternative day

My **child's age by Aug 31, 2017**: _____ years and _____ months

Please note:

A non-refundable application fee of \$50 must be submitted with this application.

A deposit of \$ 700.00 must be submitted with this application.

The deposit counts towards the first tuition payment of 25% of the overall tuition, which is due at the time of signing the school contract.

It is non-refundable once you have accepted a preschool space for your child in writing.

Your deposit check will be returned to you if we are not able to offer you a space for your child.

New families please submit **the questionnaire** with your application.

Wortspiele Preschool Application

I wish to apply for **admission to Wortspiele Montessori preschool** for the school year 2017-18 for my child. I am enclosing

- a check for \$ 50.00 (application fee)
- a check for \$ 700.00 (deposit)

made payable to Wortspiele Inc.. I am aware that the registration fee is non-refundable and that the deposit is non-refundable once I have accepted a space in writing.

Name: _____ Relation to child: _____
 First Last

Signature : _____ Date: _____

Waiver of Liability

I understand, accept and agree that there is a risk of injury when young children engage in physical activities as running, jumping, climbing, dancing, eating and playing; even under competent adult supervision.

I agree that I will not hold **Wortspiele Inc.** or any faculty member, or employee of the same, liable for any injuries sustained or illness contracted by me or my child while he/she is a student of Wortspiele.

I agree to abide by **Wortspiele's** rules and policies should my child be admitted.

I have read the above waiver of liability and in signing below agree to comply with it.

Name: _____ Relation to child: _____
 First Last

Signature : _____ Date: _____

Please send your completed application to:
Wortspiele Inc., 807 Classon Ave, Brooklyn, NY 11238

Thank you!

Information about your child

Please list any other language/s spoken in your family, and by whom

Please list the names and ages of siblings/other children in your family

Please list your child's previous school or class/group experience (if any)

Please tell us about what your child likes (to do) or is interested in

Please tell us what do you consider to be your child's strengths

Please tell us about any areas you feel your child might need support and/or encouragement

Please tell us about important rules and problem-solving techniques in your family

Please add any information that you feel is important and/or helpful for the teachers to know about your child
