



WESTSIDE MONTESSORI SCHOOL
A PARENT CO-OP • EST. 1977

13555 Briar Forest Drive, Houston, Texas 77077

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2024 SUMMER SCHOOL APPLICATION – ALUMNI

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: _____

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: _____

OFFICE USE ONLY:
Program Requested: _____
Tuition: _____

ENROLLMENT CONTRACT

Payment for all fees is expected on the first day of each summer school session. A charge of \$25.00 will be applied for any returned checks. If fees are not received by the fifth business day of the month, the family will be dismissed from the WMS Summer Program. Please note, we do not offer refunds or fee adjustments for absences due to illness, vacations, or school holidays. All fee payments are strictly non-refundable, except in cases of school-initiated dismissal. Fees will not be refunded if the student does not attend any portion of the week or month they are registered for. By signing this contract, the parent or guardian releases the school, its Director, and staff from any liability for injuries or accidents on the premises. Parents may review a copy of the Texas Department of Human Services "Minimum Standards" in the school office. By signing this contract, parents or guardians agree to comply with the policies and procedures outlined above.

Parent or Guardian Signature

Date

Person responsible for tuition payment (if other than Parent or Guardian)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event either parent cannot be reached to make arrangements for emergency medical attention, I authorize the Head of School, 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 IS 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 THE PARENTS OF THE CHILD.) Additional sheets may be attached, if required.

1. _____
NAME PHONE NUMBER

2. _____
NAME PHONE NUMBER

3. _____
NAME PHONE NUMBER

MEDICAL HISTORY

Prior to the first day of school the current immunization record, must be submitted to the school office. The immunization record is required to remain current while your child is in attendance. Please submit updated shot records as they occur.

1. Any known allergies?

2. Dietary restrictions?

3. Does your child have any special conditions or needs that the school should be made aware of for safety of your child and other children? _____

REGISTRATION FEE - ENROLLMENT FEE - AND PROCEDURES

Alumni students who wish to enroll in Summer School at WMS begin by completing the WMS Summer School Application and submitting it along with a **\$150**, non-refundable registration fee per child. Please submit one application for each child.

SPECIAL ACTIVITIES PERMISSION/SUNSCREEN AND INSECT REPELLANT

I hereby give **or** do not give my consent:

For my child(ren) to participate in supervised water activities: Splashing pools

For the application of sunscreen on my child: Yes No

For the application of Insect Repellant: Yes No

All children, regardless of race, color, creed, nationality, or ethnic origin are eligible for enrollment.



Elementary Summer Registration Form

Student Name: _____

Date: _____

Please add a check to the desired week(s) your child will be in attendance. **School Closed: June 19, July 1 - July 5**

ELEMENTARY (AGES 6-11)	Hours	Weekly Rates	Session I Dates				Session II Dates		
			June 3-7	June 10-14	June 17-21	June 24-28	July 8-12	July 15-19	July 22-26
Academic Day	8:45-2:30	\$ 410.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Full Day	7:00-6:00	\$ 485.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Summer Sessions for Elementary include: Montessori Immersion, karate, theater & field trips.

Summer session fees must be paid by the first day of each summer session. Weekly rates and \$150 registration fee is non-refundable if the student does not attend.

Registration and Session I fees will be invoiced through Praxi June 1st.

Summer Session II fees will be invoiced on June 30th.

Spaces are limited. Students will be enrolled on a first come, first serve basis. If not enrolled immediately, they will be placed on a wait list for summer school.

Parent Signature: _____