



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

13555 Briar Forest Drive, Houston, Texas 77077

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**2026 SUMMER SCHOOL APPLICATION
ALUMNI & NON-COMMUNITY**

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: _____

Name: _____

RELATION TO CHILD: _____

RELATION TO CHILD: _____

Male ___ Female ___

Male ___ Female ___

PRIMARY PHONE: _____

PRIMARY PHONE: _____

SECONDARY PHONE: _____

SECONDARY PHONE: _____

EMAIL: _____

EMAIL: _____

DL#: _____

DL#: _____

EMPLOYER: _____

EMPLOYER: _____

OCCUPATION: _____

OCCUPATION: _____

WORK PHONE: _____

WORK PHONE: _____

Resides with student: Yes ___ No ___

Resides with student: Yes ___ No ___

If no, include home address:

If no, include home address:

EMERGENCY CONTACT PERSON(S)

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

A copy of the current immunization record must be submitted to the school office by May 29, 2026. The immunization record is required to remain current while your child is in attendance.

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? _____

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: _____

REGISTRATION FEE AND PROCEDURES

Alumni & Non-Community members 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 (registration fee invoiced through Brightwheel). Please submit one application for each child.

SPECIAL ACTIVITIES PERMISSIONS

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

For my child(ren) to participate in supervised water activities: Yes No

Splashing pools For the application of sunscreen on my child: Yes No

For the application of Insect Repellant: Yes No

ENROLLMENT CONTRACT

ALL FEES will due at the time of invoice. **IF FEES ARE NOT RECEIVED, the student will not be allowed to attend the Summer Session. Refunds or allowances in fees will not be made to compensate for absences in the event of illness, vacations, or school holidays.** All payments of fees are on a strictly non-refundable basis, except for school initiated dismissal. **FEES ARE NOT REFUNDABLE IF THE STUDENT DOES NOT ATTEND ANY PORTION OF THE WEEK OR MONTH THEY ARE REGISTERED TO ATTEND! FEES ARE DUE THE FIRST DAY OF EACH SUMMER SESSION FOR ALL STUDENTS!** I hereby agree to relieve the school, its Head of School or any staff member of any liability for injury or accident occurring on the school premises. A copy of the Texas Department of Human Services "Minimum Standards" is available in the school office for parents who wish to review it. In signing this contract, the parent or guardian agrees to abide by the policies and procedures stated above and those stated in the Parent Handbook.

Parent or Guardian Signature

Date

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

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



Elementary Summer Registration Form

Student Name: _____

Please add a check to the desired week(s) your child will be in attendance.

School Closed: June 19 & Summer Break - June 29 - July 3.

ELEMENTARY (AGES 6-11)	Hours	Weekly Rates	Session I Dates				Session II Dates		
			June 1-5	June 8-12	June 15-19	June 22-26	July 6-10	July 13-17	July 20-24
Academic Day	8:45-2:30	\$ 420.00	<input type="checkbox"/>						
Full Day	7:00-6:00	\$ 495.00	<input type="checkbox"/>						

Summer Sessions include: Field trips, splash days and extracurricular activities.

Summer session fees must be paid before each summer session. Weekly rates are non-refundable if the student does not attend.
 Registration and Session I fees will be invoiced through Brightwheel on May 25.
 Summer Session II fees will be invoiced on June 29.

WE HAVE LIMITED SPACES AVAILABLE FOR SUMMER SCHOOL. STUDENTS WILL BE ENROLLED ON A FIRST COME, FIRST SERVE BASIS. IF NOT ENROLLED IMMEDIATELY, THEY WILL BE PLACED ON A WAITLIST FOR SUMMER SCHOOL.

Parent Signature: _____ Date: _____