

WELLSBORO MONTESSORI CHILDREN'S CENTER  
 1 Queen Street  
 Wellsboro, PA 16901  
 570-724-1060

ENROLLMENT APPLICATION AND AGREEMENT FOR SERVICES

\*\*No child will be denied admission to WMCC based on religious affiliation, handicap,  
 race, creed, sex or national origin\*\*

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

XX

\*\*By indicating with a check mark you give WMCC written consent for the following:

\_\_\_\_\_ Medical care for minor, major and emergency care

\_\_\_\_\_ Application of sunscreen

\_\_\_\_\_ Participate in local, walking field trips

\_\_\_\_\_ Release your child's academic records to his or her Elementary School

\_\_\_\_\_ Take pictures of your child to be used in the classroom, school brochure, parent  
 handbook, web page, Facebook, and/or the newspaper

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Dates Reviewed/updated: (initials): \_\_\_\_\_

\_\_\_\_\_