



1325 Greenway Cross #115
Madison, WI 53713
608.274.6475
greenwaycrossing@hotmail.com
greenwaycrossingmontessori.com

Application for Admission

Start Date _____

Session: (please check) _____ 6 wks - 12mths (Infant) _____ 1 year (Toddler)
_____ 2 years (Pre-Primary) _____ 3 - 6yr (Primary) _____ Extended Day/Kindergarten (4 yr pgm)

_____ Morning, 8:30-12: 30 Days - Please Circle 5days 4 days 3days
Please circle your needs M T W Th F

_____ Full Day, 8:30a-3pm Days - Please Circle 5days 4 days 3days
Please circle your needs M T W Th F

_____ Extended Day, 6:30-6pm Days- Please Circle 5days 4 days 3days
Please circle your needs M T W Th F # of Hours _____

Please complete the following questions:

Child's Name _____ Name to be used at school if different _____

Address _____ zip _____

Home phone# _____ cell phone# _____

Date of birth _____ Sex (please circle) F M

Has the child attended any previous schools / day care/ home care Y N

Name of school attended _____ Dates attended _____

Parent/guardian name _____ Phone# _____

Address of Parent _____ E-mail _____

Co-Parent/guardian name _____ Phone # _____

Co-Parent Address _____ E-mail _____



1325 Greenway Cross #115
Madison, WI 53713
608.274.6475
greenwaycrossing@hotmail.com
greenwaycrossingmontessori.com

Names and ages for brother(s) and sister(s) please list below:

Has the applicant had any evaluative testing? Yes No

If yes, date of testing _____ Reason for the testing: _____

School/Agency administering the test: _____

Phone # _____ Contact Person _____

Does applicant have any special health concerns? Yes _____ No _____ if yes (please describe):

Language spoken in your home: Spanish _____ English _____ other _____

How did you learn about Greenway Crossing Montessori School?

Do you know other families currently or previously enrolled at Greenway Crossing Montessori School?

Application check list:

_____ We have enclosed \$75.00 non-refundable application with this form

_____ We have already had a tour of Greenway Crossing Montessori School

_____ We would like to schedule a tour of Greenway Crossing Montessori School



1325 Greenway Cross #115
Madison, WI 53713
608.274.6475
greenwaycrossing@hotmail.com
greenwaycrossingmontessori.com

Signature of parent/guardian _____ date _____

Signature of co-parent/guardian _____ date _____

Please send the completed application form and fee to:

Cynthia Walker, Director
Greenway Crossing Montessori School
1325 Greenway Cross, Suite 115
Madison, WI 53713

This application will expire two (2) years from the date of receipt

Greenway Crossing Montessori School does not discriminate on the basis of race, color, gender, or national or ethnic origin in administration of it's educational policies, admissions policies, and scholarship and loan policies and athletic and other school-related programs