



APPLICATION FOR ADMISSION

(please print)

Child's Name _____

Date of Birth Day _____ Month _____ Year _____

Place and Country of Birth _____

Citizenship _____

Year of Admission _____

Full-Day (8:00-15:00)

Extended Full-Day (8:00-4:30)

Half-Day (8:00-12:00)

Are you familiar with the Montessori Method? Yes No

How did you hear about the International Montessori Preschool Vienna?

The International Montessori Preschool, Fabiani House, Ground Floor, Ungargasse 59-61, A-1030 Vienna

Tel. No. 00431 –533-2024, Mobile: 0699-1021-8014;

e-mail:office@[montessori-preschool-vienna.com](mailto:office@montessori-preschool-vienna.com)

www.montessori-preschool-vienna.com

Father:

Name: _____

Private Address: _____

Phone: (home) _____ *(mobile)* _____

E-mail: _____

Employer: _____ *Title:* _____

Citizenship: _____

Mother:

Name: _____

Private Address: _____

Phone: (home) _____ *(mobile)* _____

E-mail: _____

Employer: _____ *Title:* _____

Citizenship: _____

In case of emergency (if parents are not available please call):

Name: _____ *Phone:* _____

Relationship to child: _____

Conditions of Admission:

I understand and accept:

- *the financial policies and requirements of the International Montessori Preschool, Vienna, Austria;*
- *my responsibility in supporting the preschool's stated mission and aims;*
- *that parents have an important role to play in ensuring that children abide by all preschool rules and requirements;*
- *that the preschool acts **in loco parentis**, and hereby authorize the preschool to take necessary action in the event of an emergency.*

A non-refundable Application Fee of €200 is payable upon application to:

*Vienna Montessori Institute
Die Erste Bank, Vienna, Austria,
IBAN: AT55 2011 1288 2770 6400
BIC: GIBAATWWXXX*

Date: _____ Parental Signature _____

(For office only):

Non-refundable application fee of €200,00 date received _____

Notes (to be filled out by I.M.P. Interviewer only)
