



MOTHER OF MERCY MONTESSORI

Divine Mercy Church
2 1/2 Miles Philip Goldson Highway
Belize City Belize
501-223-7073

Email: mercymontessoribz@gmail.com

CHILDREN'S HOUSE APPLICATION FORM

Office Use Only

Date Received _____

Check # _____

Amount _____

Reg. Agreement _____

Acceptance _____

Notification sent _____

Child's Name:

_____ last _____ First _____ Middle _____

Boy
Girl

Date of Birth: _____

Ethnicity _____

Is Child Potty Trained? Yes
No

Mother's Name:

_____ last _____ First _____ Religion _____

Has Child been Baptized Catholic? Yes
No

Mother's Address:

_____ Street _____ District _____ Cell Phone _____

_____ Occupation _____ Employer _____ E-mail Address _____

Father's Name:

_____ last _____ First _____ Religion _____

Father's Address:

(if different) _____ Street _____ District _____ Cell Phone _____

_____ Occupation _____ Employer _____ E-mail Address _____

Parent/Guardian Status:

Married Catholic Single Divorced Separated Widowed Co-habiting
Married Other

Who has custodial rights:

Both Father Mother Guardian

_____ Name of Guardian (if applicable) _____ Address _____ Cell Phone _____ Religion _____

Name (s) & birthdates of siblings attending School: _____

Number of children in the family: _____

Comment on eating habits or any food allergies: _____

Comment on specific dislikes or fears he/she has: _____

Comment on child's behavior/discipline at home: _____

Favorite toys or activities: _____

Has your child been tested for or diagnosed with any special needs? Yes No

If yes, please explain: _____

Any additional information that would help us to better understand and work with your child: _____

The four (4) Pillars of Mother of Mercy Montessori are :

1. **The Eucharist** - Daily Encounter with Jesus in the Blessed Sacrament.
2. **Culture** - Respect for the dignity of the Human Person
3. **Montessori** - Encouraging the discovery and unique learning of each child.
4. **Mercy** - Charity and outreach to persons of all backgrounds.

Kindly list how you are planning to help your child live these four pillars.

1 _____
2 _____
3 _____
4 _____

Program Options: **Half Day** Mornings (7:30 AM to 11:50 AM)
 Full Day Afternoon (1:00 PM to 5:30 PM)

Tuition will be paid by: Parents Monthly
 Scholarships Quarterly
 Other-Specify _____ Annually

Banking Information	
Belize Name:	The Belize Bank Ltd.
Name of Account Holder:	Divine Mercy Church
Account Number	2333-090-101-20026

Volunteering

MMM depends upon the help and cooperation of parents to assist with a number of tasks and programs throughout the year. Students on a scholarship program, the parent must commit to 40 hours per year. Students not on a scholarship program, parents commit to 20 volunteer hours per year.

Please provide us with your field of interest or area of expertise:

Signature of applicant

Date

