



MOTHER OF MERCY MONTESSORI

Divine Mercy Church
 2 ½ 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	<input type="checkbox"/>
Girl	<input type="checkbox"/>

Date of Birth: _____ Ethnicity _____

Is Child Potty Trained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Mother's Name: _____
 last First Religion

Has Child been Baptized Catholic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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
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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