



**MOTHER OF MERCY MONTESSORI**

Divine Mercy Church  
 2 ½ Miles Philip Goldson Highway  
 Belize City Belize  
 501-223-7073

Email: [mercymontessoribz@gmail.com](mailto: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

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