



ENROLLMENT APPLICATION

Child's Name _____ Birth date _____

Home Address _____ Phone _____

Subdivision or Area _____ Zip Code _____

Parents' or Guardians' Names _____ Married _____ Single _____ Divorced _____ Widowed _____

Father's or Guardian's Occupation _____ Phone _____

Employed by _____ Address _____

Driver's License #: _____

Mother's or Guardian's Occupation _____ Phone _____

Employed by _____ Address _____

Driver's License #: _____

Child Lives With: Parents ___ Mother ___ Father ___ Guardian ___ Other (Specify) _____

Name of Siblings	Birth date	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Doctor _____ Phone _____

Address of Child's Doctor _____

EMERGENCY CONTACT _____ Relationship _____

Address _____ Phone _____

PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP MY CHILD: I understand that my child will be released only to the persons named below:

Name	Relation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____



SPECIAL CONCERNS:

Allergies, Existing Illnesses, Previous Illness, or Injuries: _____

Hospitalized during last 12 months? If so, explain: _____

Child's interests, fears, or needs: _____

Home discipline used: _____

When toilet trained? _____

Bedtime hour? _____

Ages of playmates: _____

Any court orders or decrees concerning the child (custody orders or visitation orders)? If yes, please attach a copy.

WHAT ARE YOUR EXPECTATIONS FOR YOUR CHILD FOR THE SCHOOL YEAR?

THE LAST SCHOOL MY CHILD ATTENDED WAS: _____

HOW DID YOU LEARN ABOUT COUNTRY DAY MONTESSORI SCHOOL? (PLEASE BE SPECIFIC): _____

REFERRED BY: _____

PTO DIRECTORY

I GIVE PERMISSION FOR MY CONTACT INFORMATION TO BE USED IN THE PTO DIRECTORY.

I DO NOT GIVE PERMISSION FOR MY CONTACT INFORMATION TO BE USED IN THE PTO DIRECTORY.

FROM TIME TO TIME, PHOTOS OF STUDENTS WORKING, PLAYING, OR EXHIBITING MAY BE TAKEN FOR MARKETING, ADVERTISING, OR WEBSITE PURPOSES.

I GIVE PERMISSION FOR PHOTOS OF MY CHILD TO BE USED BY THE SCHOOL FOR THE ABOVE PURPOSES.

I DO NOT GIVE PERMISSION FOR PHOTOS OF MY CHILD TO BE USED BY THE SCHOOL.

RECEIPT OF PARENT HANDBOOK

_____ I ACKNOWLEDGE RECEIPT OF CURRENT SCHOOL FACILITIES OPERATION POLICIES
PLEASE INITIAL INCLUDING THOSE FOR DISCIPLINE AND GUIDANCE.