



Application for Enrollment

Father, Stepfather, or Male Guardian (circle):

Mother, Stepmother, or Female Guardian (circle):

Name (Last, First)

Name (Last, First)

Home Address

Home Address

Employer/Occupation

Employer/Occupation

Cell Phone

Cell Phone

Other Phone

Other Phone

E-Mail

E-Mail

Financial responsibility for child will be assumed by _____ Email for Billing _____

ALLERGIES OR FOOD RESTRICTIONS _____ Epipen: Yes/No Exp. Date _____

Any other special health problem/medical condition _____

Physician's Name: _____ Physician's Phone Number: _____

Health Insurance Carrier _____ Insurance Policy/Group Number: _____

Does your child need a nap? _____

Is your child fully toilet-trained? _____ (Pre-K students must be fully toilet-trained by the first day)

We occasionally post photos to our website or social media pages. May we post photos of your child? _____

If you were referred by a family with a current student, list the student's full name _____

We want every child to be successful! While Montessori works for most children, it's not always a good fit. We are happy to discuss your child's progress in the first few weeks of enrollment if there's any concern. Parents are encouraged to let us know of any unique situations in order for us to help your child adapt & succeed!