



Greater Montessori School - Application for Admission

Please return this form with a non-refundable \$250.00 Application Fee.

Child's First Name _____ **Middle:** _____ **Last Name:** _____

Birth Date: _____ Enrollment (start date): _____ Gender M ____ F ____

FAMILY INFORMATION

Mother / Guardian's Name _____

Home Address: Street _____

City _____ State _____ Zip _____

Home Phone# _____ Cell# _____ Work# _____

Occupation _____ Place of Employment _____

Email Address: _____

Father /Guardian's Name _____

Home Address: Street _____

City _____ State _____ Zip _____

Home Phone# _____ Cell# _____ Work# _____

Occupation _____ Place of Employment _____

Email Address: _____



Allergies : _____

Does your child have any medical or special education needs that we should be aware of?

If yes, please list: _____

Does your child take any medications? Please list: _____

Have there been any changes in your family or home life recently that have affected your child? _____

Please provide any additional information about your child that may assist us:

ARE BOTH PARENTS AUTHORIZED TO DROP OFF AND/OR PICK UP YOUR CHILD:

YES **NO**

IF NO Please talk to the Director/Head of School to provide further details.

ADDITIONAL PERSONS AUTHORIZED TO DROP OFF AND/OR PICK UP YOUR CHILD

1. Name _____ Relation to the Child _____

Home Phone _____ Cell _____

Driver's License _____

2. Name _____ Relation to the Child _____

Home Phone _____ Cell _____

Driver's License _____



EMERGENCY CARE INFORMATION

Child's Doctor: _____ Office Phone _____

Hospital Preference: _____ Phone _____

Address: _____

Medical Insurance Provider _____

Policy# _____

In the event of the need for emergency medical care and the parent, guardian or family physician cannot be immediately contacted; I authorize the staff of Montessori Kids Universe to seek the medical facility or physician of their choice to provide emergency care.

Parent/Guardian - Sign _____ **Date** _____

EMERGENCY CONTACTS: *Must have full addresses and phone numbers.*

(People who can be called in the event we cannot reach you)

1. Name _____ Relation to the child: _____

Home Phone _____ Cell _____

Address: _____ City _____ State _____ Zip _____

2. Name _____ Relation to the child: _____

Home Phone _____ Cell _____

Address: _____ City _____ State _____ Zip _____

Parent/Guardian - Sign _____ **Date** _____