

# EARLY WORLD MONTESSORI ENROLLMENT APPLICATION

3027 80th Ave. SE, Mercer Island, WA 98040

206-232-2400

www.earlyworldmontessori.com

Child's Name \_\_\_\_\_  
Last First Middle Preferred Name Birthdate

Days and Hours you wish your child to attend:

M T W T F

Approximate Hours from \_\_\_\_\_ to \_\_\_\_\_

Starting date \_\_\_\_\_

\_\_\_\_ Check if you want vacation schedule

\_\_\_\_ Check if your child naps

\_\_\_\_ Check if you want school lunch.

\_\_\_\_ **Check if you would like to be included  
in the all school directory.**

Where did you learn about us? \_\_\_\_\_

## Parent/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Cell/pager \_\_\_\_\_

Cell/pager \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Work # \_\_\_\_\_ Hours \_\_\_\_\_

Work # \_\_\_\_\_ Hours \_\_\_\_\_

If parents cannot be reached, please identify persons whom we may contact and who may pick up your child.  
Please give name, address, phone # and relationship.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Personal History:**

The following information will be beneficial to the Director and teachers working with your child and will enable us to be more effective in dealing with different problems and situations as they arise. Please be assured that all information will be kept confidential.

Previous childcare experience: \_\_\_\_\_

If there are any special family circumstances such as divorce, remarriage, parental death, adoption, etc. please indicate: \_\_\_\_\_

Special eating habits: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Usual naptime: \_\_\_\_\_

Positive disciplinary actions used at home: \_\_\_\_\_

Parental expectation of center: \_\_\_\_\_

Comments: \_\_\_\_\_

**Health History:**

Doctor's name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any of the medical conditions listed below?

ADD \_\_\_\_\_

Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

Any other medical condition that we should be aware of \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Any known sight or hearing problem \_\_\_\_\_

Has your child had any of the diseases listed below?

Bronchitis \_\_\_\_\_

Date \_\_\_\_\_

Measles \_\_\_\_\_

Date \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Date \_\_\_\_\_

German Measles (3 day) \_\_\_\_\_

Date \_\_\_\_\_

Hepatitis \_\_\_\_\_

Date \_\_\_\_\_

Mumps \_\_\_\_\_

Date \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Date \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Date \_\_\_\_\_

Has your child had illnesses other than above? \_\_\_\_\_

Dates of child's most recent vision and hearing test \_\_\_\_\_

**Emergency Release**

In the event that I cannot be located, I hereby give my consent to the Early World Montessori School staff to administer first aid, call for emergency medical help and/or transport my child to a medical facility to treat my child. I expect that a conscientious effort will be made to locate me or my designates.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date