

EARLY WORLD MONTESSORI ENROLLMENT APPLICATION

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 EXCLUDED
from the all school directory.**

Where did you learn about us? _____

Parent/Guardian

Name _____

Name _____

Home address _____

Home address _____

Telephone _____

Telephone _____

Cell/pager _____

Cell/pager _____

Email address _____

Email address _____

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. _____
4. _____

Personal History:

OVER -----

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:

Dietary concerns: _____

Usual naptime: _____

Positive disciplinary actions used at home: _____

Parental expectation of center: _____

Comments: _____

HEALTH HISTORY:

Doctor's name: _____ Phone #: _____

Date of last physical (mandatory information for DSHS): _____

Allergies: _____

If "yes", please advise us so we may obtain more specific information.

Does your child have any chronic health conditions and/or medical history (i.e. seizures) we should be aware of?

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 designees.

Authorized signature

Date