



## APPLICATION FOR ENROLLMENT 2011/2012

PLEASE INDICATE PROGRAM APPLYING FOR:

- Toddler/Short Day    Toddler/Full Day    Primary/Short Day    Primary/Full Day    Elementary  
 Early Care    After Care

### STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male    Female

Email address if you prefer to receive School Announcements electronically: \_\_\_\_\_

May we use your Telephone Number and/or Email address in our School Directory?  Yes    No

### FAMILY CONTACT INFORMATION

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employed By: \_\_\_\_\_

Employed By: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Sibling(s) (Names & Ages): \_\_\_\_\_

Legal Guardian if other than parents: \_\_\_\_\_

Military Rank: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Commanding Officer: \_\_\_\_\_

### CHILD'S PERSONAL HISTORY

Has your child been previously enrolled at a Montessori school?  No    Yes

List all schools previously attended starting with the current school. At the Elementary level, please include the names of past teachers who we may contact for references. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs? This includes information regarding ADD/ADHD, behavioral/emotional disorders or challenges, learning disabilities and physical limitations. The school will hold all information as strictly confidential. \_\_\_\_\_  
\_\_\_\_\_

Has your child had any birth complications, stressful early experiences or unusual circumstances that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

## HEALTH INFORMATION

Please list any specific allergies or intolerance to food, medication, etc. and action to be taken in an emergency: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In an emergency, may we contact your doctor?  Yes  No

In an emergency, may we transport your child to the hospital?  Yes  No

May we dispense Tylenol/Motrin for a fever?  Yes  No

Chronic physical problems and pertinent developmental information: \_\_\_\_\_

## EMERGENCY INFORMATION

Name of two people to contact if Parents can not be reached:

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

In a medical emergency, are these persons authorized to act on your behalf?  Yes  No

Persons authorized to pick up your child if different from the above contact names: \_\_\_\_\_

*I understand that students are admitted for the full academic term and that my agreement to pay tuition for the full academic year is not subject to adjustments because of illness, absence, withdrawal or dismissal of the student from the school for any cause. (Exceptions listed in the Family Handbook.)*

*In consideration of the acceptance of my child as a student at E.C. Montessori School, the undersigned agrees to indemnify E.C. Montessori and Grade School, its Board of Directors and Staff against any claims and demands made by or on behalf of \_\_\_\_\_.*

Full Name of Child

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

*E.C. Montessori and Grade School accepts any child whose family is interested in Montessori education as an approach to life. We attempt to achieve a balance of age, gender and experience in the classroom. Generally, we are not equipped or licensed to care for children with special needs; therefore, any such care is considered conditional upon the consent of the lead Teacher and Administrative Director. Applicants will be observed by the lead Teacher to get a sense of how the child will function in the Montessori classroom. Each child must be able to participate and substantially benefit from our program without risk to him-/herself or other children. E.C. Montessori and Grade School, Inc., reserves the right to deny entrance into the program based on the interview process or to ask that a child be removed from the program after a six-week trial period if the program does not appear to be a good fit for the student and other children.*

**PLEASE INCLUDE A \$100.00 NON-REFUNDABLE DEPOSIT WITH THIS APPLICATION**

*Please make all checks payable to E.C. Montessori and Grade School*

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_  Accepted  Wait Listed \_\_\_\_\_ Date Notified \_\_\_\_\_ Handbook Sent