



# Application for Enrollment

CHILD'S INFORMATION:

LAST			FIRST			PREFERS TO BE CALLED:			
ADDRESS			CITY			STATE		ZIP CODE	
TELEPHONE NUMBER			BIRTH DATE			CITY/STATE OF BIRTH			

APPLICATION FOR ACADEMIC YEAR: \_\_\_\_\_

Why do you want to send your child to Children's Montessori Center?

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How did you hear about Children's Montessori Center?

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Has your child attended any other schools? Please list schools with address, telephone, e-mail, teachers and dates attended.

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## Application for Enrollment - page 2

<b>PARENT INFORMATION - MOTHER</b>		
Name:		
Date of Birth:	Phone:	Cell Phone:
Current Address:		
City, State, Zip:	E-mail:	
<b>EMPLOYMENT INFORMATION</b>		
Current Employer:		
Employer Address:	How Long:	
Phone:	E-mail:	Fax:
City, State, Zip:		
<b>PARENT INFORMATION - FATHER</b>		
Name:		
Date of Birth:	Phone:	Cell Phone:
Current Address:		
City, State, Zip:	E-mail:	
<b>EMPLOYMENT INFORMATION</b>		
Current Employer:		
Employer Address:	How Long:	
Phone:	E-mail:	Fax:
City, State, Zip:		
<b>Were you referred to Children's Montessori Center by anyone?</b>		
Name	Address	Phone

I authorize verification of information provided on this form.

Signature of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

# Application for Enrollment - page 3

## Child's Personal History

Does the child live with: Both parents; one parent; a caregiver? Describe his or her living arrangements, including custody issues.

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Who has financial responsibility for the child's tuition? Please provide name, address, phone and all other necessary contact information.

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Does the child have special needs (academic, diet, vision, hearing, speech, social)? Please describe.

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Have you ever had concerns about the child's development or behavior? Please explain.

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This information is accurate to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children's Montessori Center admits students of any race, color and national or ethnic origin.