

Application
MONTESSORI CHILDREN'S HOUSE

Name of student _____ Application Date _____

Date of birth _____ Sex _____ Age on registering _____ years _____ months

Home address _____ city _____ zip _____ Phone _____

Father's name _____

Father's Occupation _____ Employer _____

Father's bussiness address _____ Cell phone _____

Mother's name _____

Mother's occupation _____ Employer _____

Mother's business address _____ Cell phone _____

Person responsible for tuition _____ phone _____

Address (if not above) _____

Babysittter's Name _____

Address _____ phone _____

Child's physician _____

Address _____ phone _____

Do we have permission to contact your doctor in an emergency? _____

Preferred hospital _____ phone _____

Names and ages of brothers and sisters _____

Please list all other schools attended and dates _____

In case of an illness/emergency, whom do we contact if unable to reach family?

Name _____ Address _____ phone _____

Name _____ Address _____ phone _____

Please choose a password for your child. Anyone picking up your child other than parents, must know your password. Also, if your child is being picked up by anyone other than the parents, a message must be left on the school phone before dismissal time. My password is _____