



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?

How did you hear about Children's Montessori Center?

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

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

I authorize verification of information provided on this form.

Signature of Parent: _____

Signature of Parent: _____

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Child's Personal History

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

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

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

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

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.