



APPLICATION FOR ENROLLMENT 2013/2014

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(es) 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: _____

WE WOULD LIKE TO VOLUNTEER ON THE FOLLOWING COMMITTEE(S):

- Finance Fundraising Facilities Community Relations Operations

OUR FAMILY WOULD LIKE TO PLEDGE \$ _____ FOR THE 2013/2014 ANNUAL FUND CAMPAIGN.

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 local people to contact if Parents cannot be reached and who may pick up your child:

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, other children or for the classroom.

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