

**Montessori Children's Center
Application**

Child's Full Name	Nickname	Sex	Birth Date
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Address	Home
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Chronic Physical Problems/Pertinent Developmental information/Special Accommodation Needed

Previous Child Day Care Programs and Schools Attended

PARENTS/GUARDIAN

Father	Place Employed	Business Phone
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Home Address	Home Phone
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Mother	Place Employed	Business Phone
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Home Address	Home Phone
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Home Address	Home Phone
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Business Address	Business Phone
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EMERGENCY INFORMATION

Allergies or Intolerance to food, medication, etc, and action to take in an emergency

Child's Physician	Phone
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1. _____

2. _____

Names and addresses of Two People to Contact If Parents Cannot Be Reached

Person(s) NOT Authorized to Pick Up Child*

CARE INFORMATION

Child's Likes and Dislikes

Child Care Needed Date

Number of Days	Full Time	Part Time: A.M./P.M.	Class
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AGREEMENTS

1. The center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes the center to obtain immediate medical care if any emergency occurs when he cannot be located immediately. This is not required by state regulation if the parent states an objection to the provisions of such care on religious or other grounds.
3. The parent/guardian has read and understood the information contained in the Student Handbook of the center.
4. 4. Others _____

E-mail Address _____

Signatures

_____ Parent(s) or Guardian	_____ Date
_____ Administrator of Center	_____ Date

CENTER USE ONLY

Place of Birth	Birth Date	Birth Certificate Number
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Other form of Proof

Location	Date Admitted	Date Withdrawn
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Registration Paid Date	Materials Fee Paid Date
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Security Deposit Amount and Date Paid	Other Remarks
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*Appropriate paperwork such as divorce decree shall be attached if a parent is not allowed to pick up the child.