

Mary's Montessori Children's House

2024-2025 Enrollment Application

Application Date: _____

Child's Name: _____

Birth Date: _____

Preferred Schedule:

Morning

Mon-Fri 8:30-11:30
5 days
3 days

Full Day

Mon - Fri 8:30 - 3:00
5 days
3 days

Second Choice:

Morning

Mon - Fri 8:30-11:30
5 days
3 days

Full Day

Mon-Fri 8:30-3:00
5 days
3 days

Home Address: _____

Preferred phone: _____ Preferred email: _____

Parent / Guardian: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____

Parent / Guardian: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____

Does your child have any siblings?

Name/Age: _____ Name/Age: _____ Name/Age: _____

Child lives with: Both Parents / Mother / Father

Child's Physician: _____ Phone: _____

Is your child on any type of daily medication? Yes / No

If yes, list medications / dosage: _____

Dentist: (if applicable) _____ Phone: _____

List any serious illness or accidents that I should be aware of?

Does your child have any allergies? If yes, what? _____

Emergency Contacts

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

List additional persons permitted to pick your child up:

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Is anyone who is NOT allowed to pick your child up? Yes / No

If so, who? _____

Please give a physical description: _____

The following information will enable me to know your child better:
Describe your child:

What are your goals for this child? How do you see Mary's Montessori Children's House facilitating these goals?

Does your child have any particular fears?

Has your child been in preschool before? If yes, what school? _____

What is the primary language(s) spoken at home? _____

How do you discipline your child at home?

How much 'screen time' does your child have each day? _____

How did you hear about Children's House? _____

MEDICAL RELEASE

I hereby give my permission that my child, _____, may be given emergency treatment by a qualified staff member. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment if I/we cannot be contacted at time of emergency. I further consent to the medical, surgical and hospital care treatment or any procedures to be performed for my child by a licensed qualified hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Signature of Parent / Guardian: _____ Date: _____

PHOTO WAIVER

() I give () I do not give, Children's House permission to photograph my child, _____ I understand these photographs may be shared on the school's web site and for school advertising purposes. I understand that I will be notified before the school uses any photograph of my child for such purposes.

Signature of Parent / Guardian: _____ Date: _____

AGREEMENT FOR REGISTRATION

I understand that I must give a one month (30 day) written notice and full month's payment to withdraw my child from Children's House once the registration process has begun. The registration fee is non-refundable and in the case of withdrawal I will be responsible for one month's tuition whether my child attends.

Signature of Parent / Guardian: _____ Date: _____

SCHOOL DIRECTORY

() I give () do not give, permission to include my information in a school directory if one is published

Signature of Parent / Guardian: _____ Date: _____