



Enrollment Information

Summer Camp 2010

(All areas of this form must be completed. We do not transfer or keep information from years prior.)

Child's Information

Child's Date of Birth _____

Last Name

First Name

Middle Name

Street Address

City, State

Zip Code

Area Code & Home Phone

Mother's Information

Father's Information

First and Last Name

First and Last Name

Street Address (if different than above)

Street Address (if different than above)

City, State, Zip (if different than above)

City, State, Zip (if different than above)

Area Code & Home Phone (if different than above)

Area Code & Home Phone (if different than above)

Work Phone (Call 1st or 2nd...Circle Choice)

Work Phone (Call 1st or 2nd...Circle Choice)

Cell Phone (Call 1st or 2nd...Circle Choice)

Cell Phone (Call 1st or 2nd...Circle Choice)

e-mail address

e-mail address

Emergency Information/Authorization

Please list **at least three people** who would be willing to come to school to pick up your child if he/she should become ill. Do not include yourselves. We will always contact parents first.

Full Name

Phone Number

Relationship

Full Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health/Medical Information

Please list any allergies you child has:

Please list any medications your child takes on a daily basis:

Please list any physical limitations, medical conditions or other important facts about your child that we should be aware of in order to best serve your child:

Pediatrician/Group

Phone Number

Insurance Company

Dentist

Phone Number

Policy Number

Other Important Information

Please list your child's most recent, prior school/child care situations:

School/Facility Name

Child's Age at that time

Because Montessori stresses parent involvement, it is helpful to know your hobbies, interests and occupations. When appropriate and possible, we can tie your expertise into the curriculum.

Mother

Father

Occupation

Occupation

Place of Work

Place of Work

Hobbies

Hobbies

Siblings/Step-siblings

Name, Age

Name, Age

Name, Age

Name, Age

Classroom Placement Request

Please mark your preference.

Primary (3-6 years old)

- Half Days Only
- Full School Day
- Full School Day and Morning Program Plus
- Full School Day and Afternoon Program Plus
- Full School Day and Full Program Plus

- 8:30am-11:30am
- 8:30am-3:15pm
- 7:00am-3:15pm
- 8:30am-6:00pm
- 7:00am-6:00pm

Elementary (6-13 years old)

- Full School Day
- Full School Day and Morning Program Plus
- Full School Day and Afternoon Program Plus
- Full School Day and Full Program Plus

- 8:30am-3:15pm
- 7:00am-3:15pm
- 8:30am-6:00pm
- 7:00am-6:00pm

Please Indicate the Session(s) your child will attend.

***No Camp Monday, July 5th**

<input type="checkbox"/>	Session 1 June 1 st to June 25 th
<input type="checkbox"/>	Session 2 June 28 th to July 23 rd
<input type="checkbox"/>	Session 3 July 26 th to August 20 th

I know that upon my child's acceptance to Old School Montessori, the signed tuition agreement is due within five working days in order to guarantee placement. If accepted, I agree to abide by the procedures and policies set forth in the Old School Montessori parent handbook. I also understand that a late fee will be assessed if my child is picked up after the time according to my tuition agreement.

Signature

Date

Old School Montessori admits students of any race, color, religion, national or ethnic origin to all the rights, privileges, programs and activities made available to students at the school. It does not discriminate on the basis of race, color, religion, ethnic or national origin in administration of educational policies.