



# Coconut Grove Montessori School Enrollment Application

Start Date (Mo/Yr) \_\_\_\_\_ Half Day (8:30-11:30) \_\_\_\_\_ Full Day(8:30-2:30) \_\_\_\_\_ After Care Ages 3+ (2:30-4:00) \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ SOC. SEC. NUMBER \_\_\_\_\_

SEX \_\_\_\_\_ PRESENT AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_ E MAIL \_\_\_\_\_

GENERAL HEALTH OF CHILD \_\_\_\_\_ ALLERGIES \_\_\_\_\_ FEARS \_\_\_\_\_

ANY SERIOUS ILLNESS OR ACCIDENT \_\_\_\_\_

PEDIATRICIAN NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS SCHOOLING? \_\_\_\_\_ WHERE? \_\_\_\_\_

IS CHILD CARED FOR OTHER THAN PARENTS? \_\_\_\_\_ IF YES, BY WHOM? \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

PAGER/CELLULAR \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

PAGER/CELLULAR \_\_\_\_\_

ARE PARENTS SEPARATED OR DICORCED? \_\_\_\_\_ CUSTODY: BOTH \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR SCHOOL? \_\_\_\_\_

PERSON TO BE NOTIFIED IF PARENTS CAN NOT BE REACHED:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PERMITTED TO REMOVE CHILD FROM SCHOOL: MOTHER: YES \_\_\_\_\_ NO \_\_\_\_\_ FATHER: YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER PERSONS ALLOWED TO REMOVE CHILD FROM SCHOOL:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT'S SIGNATURES: MOTHER \_\_\_\_\_ DATE \_\_\_\_\_

FATHER \_\_\_\_\_ DATE \_\_\_\_\_

TWO HEALTH CERTIFICATES (IMMUNIZATION SCHEDULE AND GENERAL HEALTH FORM) FROM YOUR PEDIATRICIAN AND A NON-REFUNDABLE **\$50 APPLICATION FEE** ARE TO BE ATTACHED