

AMERICA'S CHILD MONTESSORI
Enrollment Form

Last Name _____ Child's Name _____ Birth Date _____

Nickname _____ Mother _____ Father _____

Marital Status _____ Who is the child's legal guardian? _____

Street Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Referred by? _____

Will your child be attending Full-time or Part-time? _____

Mother's Employer _____ Address _____

Telephone Number _____ Work Hours _____ to _____ Cell # _____

Email Address #1 _____

Father's Employer _____ Address _____

Telephone Number _____ Work Hours _____ to _____ Cell # _____

Email Address #2 _____

In emergency call _____ Phone _____ Relationship _____

Persons authorized to pick up the child: _____

Who may **not** pick up the child? _____

Members of the household and their relationship:

Is your child currently enrolled in a child care facility? Yes ___ No ___; if so, where? _____

If yes, for how long? _____

Physician's Name _____ Address _____

Telephone Number _____ Date of Last Physical Exam _____

Parent's Signature

Date

Parent's Signature

Date