

# Meadowbrook Montessori School

## Enrollment Application

I understand that the Primary class at Meadowbrook Montessori School is designed as a three-year program. In order for my child to fully benefit, he/she will need to complete three years.

School year for which you are applying \_\_\_\_\_ Summer Program

<u>Toddler (ages 18 mo.-3 yrs)</u>	<u>Primary (ages 3 -6)</u>	<u>Before/After</u>
<input type="checkbox"/> Half Day 8:45 - 12:00	<input type="checkbox"/> Half Day 8:45 - 12:00	<input type="checkbox"/> 7:00-8:45
<input type="checkbox"/> Extended Day (8:45 - 3:00)	<input type="checkbox"/> Extended Day 8:45 - 3:00	<input type="checkbox"/> 3:00-6:00

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Siblings: \_\_\_\_\_  
 Child's living arrangements:  Both Parents  Mother  Father  other  
 Child's legal guardian:  Both Parents  Mother  Father  other

Father's name \_\_\_\_\_ Phone \_\_\_\_\_ cell# \_\_\_\_\_  
 Address (if different) \_\_\_\_\_ email \_\_\_\_\_  
 Place of employment \_\_\_\_\_ Work # \_\_\_\_\_  
 Business address \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone \_\_\_\_\_ cell# \_\_\_\_\_  
 Address (if different) \_\_\_\_\_ email \_\_\_\_\_  
 Place of employment \_\_\_\_\_ Work # \_\_\_\_\_  
 Business address \_\_\_\_\_

The child may be released to the following person(s) signing this agreement & to the following: **(Must include name, address, and phone #'s)**

\_\_\_\_\_

\_\_\_\_\_

Emergency Information: Please list name & #'s of person we should contact in an emergency when parents cannot be reached.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal:

Last school attended \_\_\_\_\_ how long? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What are your expectations of Meadowbrook Montessori? \_\_\_\_\_

What special talents or volunteer work will your family contribute to our school? \_\_\_\_\_

How do you discipline? Please describe your child's reaction. \_\_\_\_\_

How does your child react when separated from you? \_\_\_\_\_

How does your child act in new environments? \_\_\_\_\_

Describe your child's personality: \_\_\_\_\_

Describe your child's bedtime routine: \_\_\_\_\_

Does your child watch TV? \_\_\_\_\_ With whom? \_\_\_\_\_ How long? \_\_\_\_\_

How long do you plan on your child attending Meadowbrook Montessori? \_\_\_\_\_

Can we apply bug spray with 10% or less Deet on your child circle YES NO

Child's Physician's name and phone # \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

The following special accommodations may be required to most effectively meet my child's needs while at school: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre existing illness, allergies, or health concerns: \_\_\_\_\_

(Parent signature) \_\_\_\_\_ Date \_\_\_\_\_

(Parent signature) \_\_\_\_\_ Date \_\_\_\_\_



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