



Enrollment Application

I understand that the Primary class at Meadowbrook Montessori School is designed as a 3 year program. In order for my child to fully benefit, he/she will need to complete 3 years.

School Year for which you are applying _____ Summer Program? Please circle Yes or No

Please circle the programs for which you are applying

Nido 6 wks. - 14 mo.

Toddler 14 mo. 3 yrs

Primary 3 yrs.-6

yrs

Half Day 8:45a - 12noon

Half Day 8:45a - 12 noon

Half Day 8:45a - 12 noon

Extended Day 8:45a - 3pm

Extended Day 8:45a - 3pm

Extended Day 8:45a - 3pm

Before School Care

After School Care

7:00 am - 8:45 am

3:00pm - 6:00pm

Child's Name _____ Sex _____ Age _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Siblings: _____

Please circle child's living arrangements: Both parents Mother Father Other _____

Please circle child's legal guardian: Both parents Mother Father Other _____

Fathers name _____ Home Phone _____ Cell # _____

Address (if different) _____ Email _____

Place of Employment _____ Work Phone# _____

Work Address _____

Mothers Name _____ Home Phone# _____ Cell # _____

Address (if different) _____ Email _____

Place of employment _____ Work # _____

Work Address _____

The child may be released to the following person (s) signing this agreement & to the following:

Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

Emergency Information: Please list the information of individuals we should contact in case of emergency and we cannot reach the parents.

Name _____ Phone # _____

Address _____ Relation to student _____

Personal:

Last school attended _____ How Long? _____

Reason for leaving _____

How did you hear about us? _____

What are your expectations of MBMS? _____

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 act when separated from you? _____

How does your child act in new environments? _____

Describe your child's personality _____

Describe your child's bed time routine _____

Does your child watch T.V.? _____ with whom? _____ how long? _____

How long do you plan for your child to attend MBMS? _____

Can we apply bug spray containing 10% or less DEET on your child if necessary? _____

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, health concerns _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____