



Application and Child Information Form

Application Date: _____ Start Date: _____

Child's Name _____ Last Name _____

Gender _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Indicate Your Choice of Program:

- | | |
|---|---|
| <input type="checkbox"/> 5 - Full Day (6:30am to 6:30pm): | <input type="checkbox"/> 3 - Full Day (6:30am to 6:30pm): |
| <input type="checkbox"/> 5 - School Day (8:30am to 3:00pm): | <input type="checkbox"/> 3 - School Day (8:30am to 3:00pm): |
| <input type="checkbox"/> 5 - Half Day (8:30am to 12:30pm): | <input type="checkbox"/> 3 - Half Day (8:30am to 12:30pm): |

Parent Info:

Mother's Name _____

Home Phone _____ Email _____

Home Address _____

Occupation _____ Company Name _____

Work Phone _____ Cell Phone _____

Work Address _____

Father's Name _____

Home Phone _____ Email _____

Home Address _____

Occupation _____ Company Name _____



Work Phone _____ Cell Phone _____

Work Address _____

Two Emergency Contacts (Other than Parents):

1) Name/Relationship: _____

Phone #(s): _____

Email: _____

Street Address: _____

2) Name/Relationship: _____

Phone #(s): _____

Email: _____

Street Address: _____

Medical Care:

Pediatric Physician: _____

Physician Phone #: _____

Insurance Company: _____

Policy #: _____

Previous School(s) Child Attended:

Has Your Child Previously Been in a Montessori Environment: Yes No

If Yes, Name of School: _____

Dates Attended _____ Location of School _____

Any Other Schools Attended: _____

Child's Family and Developmental Information:

Please list all the child's siblings (Name and Age):

- 1 _____
2 _____
3 _____

Child Lives with: Both Parents Mother Father Other: _____

Is the child yours from birth or adoption? Birth Adoption

What is your child's favorite color? _____

What is your child's favorite food? _____

What is your child's favorite activity to do with one or more persons?

What is your child's favorite activity to do by his or herself?

Things you are concerned with about your child:

How does your child get along with other children and adults?

Any other things we should know about your child:

Languages Spoken at Home: _____

Is your Child Potty/toilet trained? If not fully trained, when did training start: _____

Health and Medical Information:

Does Your Child have any Emotional or Behavioral Issues we should be aware of:

Specify any special Educational, Physical, or Dietary Needs of your child:

Is your Child receiving any treatment or medication regularly? (If so, please explain):

Allergies or Intolerance to Food, Medication, Pollen, Grass, etc., and action to take in an emergency:

Any Pre-Existing Medical Conditions or Illness, such as Diabetes, Asthma. Hemophilia:

Application Agreement:

Generally the class placement list is made up in the order in which applications and registration fees are received and at the discretion of the Center Director. Students are accepted on a tentative basis, pending a determination of suitability of the program for the child and the ability to adjust to the group environment. Herndon Montessori School is a private school dedicated to academic excellence in early childhood education. It is not a daycare center. Children vary as to the age in which they are ready for socialization and acceptance of an education program.

I understand that upon enrollment, I am required to provide proof of my child's identity and age to the school (original birth certificate). I further understand that this application will not be accepted, or considered, until the child is interviewed with one or both parents and notice of acceptance is received from Herndon Montessori School. I agree to abide by the rules and regulations of Herndon Montessori School. I fully understand that submission of this application does not guarantee admission.

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____



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Note:

A non-refundable application fee of \$225.00 is due with this application. After receipt of this application and fee the Administrator will notify the parent(s) of acceptance of their child into the school and how to complete the enrollment process. Herndon Montessori School admits students of any race, color, creed, and national or ethnic origin

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To be filled by the school

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Signature of the Center Director: _____

Printed Name of the Center Director: _____

Child's Identity Verification

Date Of Birth: _____

Place of Birth: _____ Birth Certificate Number: _____

Place Issued: _____ Date Issued: _____

Verified by:

Full Name: _____

Signature of Verifier

Date