

APPLICATION FOR MONTESSORI COUNTRY DAY

Child's Full Name: _____ Nickname: _____
Gender: _____ DOB: _____ Age: _____
Address: _____ Phone: _____

Mother's (Guardian's) Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Email: _____ Cell Phone: _____

Father's (Guardian's) Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Email: _____ Cell Phone: _____

Please circle preferred schedule for your child

Monday through Friday

Early Morning Care Morning Program Full Day Extended Day

4 Days a Week

Monday Tuesday Wednesday Thursday Friday
Early Morning Care Full Day Extended Day

3 Days a Week

Monday Tuesday Wednesday Thursday Friday
Early Morning Care Full Day Extended Day

2 Days a Week

Monday Tuesday Wednesday Thursday Friday
Early Morning Care Full Day Extended Day

Montessori Country Day accepts children aged 18 months through Pre-Kindergarten regardless of race, creed, or ethnic origin.

Please enroll my child at Montessori Country Day for the programs selected above. I understand that the \$30.00 registration fee is required upon submission of this application is non-refundable.

Signature of Parent/Guardian

Date Signed: _____
Enrollment Date: _____

To aid Montessori Country Day in getting better acquainted with your child, please complete the following:

Does your child have any known allergies (dust, prescription drugs, plants, animals, etc.)?

Does your child have a food allergy?

Is the food allergy severe enough to require a Food Allergy & Anaphylaxis Emergency Care Plan? _____ Yes _____ No

Are there any foods that you would prefer your child *not* eat?

On Special Occasions would sweets (birthday cake, cupcakes, etc.) be permissible?

Does your child have any siblings and what are their ages?

Does your child usually take a nap? _____ What time of the day? _____

What is your philosophy on behavior management?

Is your child on any medications? If the answer is yes, please list the medications:

Is your child completely potty trained or partially potty trained? Please explain:

Please describe your child's likes, dislikes, fears, strengths, and challenges:

Describe any special physical, emotional, or educational needs:

Please give any information concerning your child that will be helpful in his/her experience at school:
