

**APPLICATION FOR MONTESSORI COUNTRY DAY**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's (Guardian's) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work 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	

Morning Program Toddlers

**2 Days a Week**

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

**Montessori Country Day accepts children aged 15 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 all tuition and fees are non-refundable, regardless of non-attendance for any reason. I also understand that the \$30.00 registration fee is required upon submission of this application and 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.)? These must be noted on Children's Medical Record

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Does your child have a food allergy?

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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?

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

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

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

What is your philosophy on behavior management?

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

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

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

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Describe any special physical, emotional or educational needs for your child:

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

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