



Enrollment Application*

Child's Name _____ Nickname _____ Date of Birth _____
Date Entered Care _____ Age _____ Desired Start Date _____
Preferred Schedule: _____ Montessori Day _____ Extended Day

Parent/Guardian Contact Information*

Name (first, last): _____ Relationship: _____
Home Address: _____ City: _____ Zip: _____
Cell: _____ Work: _____ Email: _____
Employer and Work Hours: _____
Work Address _____

Name (first, last): _____ Relationship: _____
Home Address: _____ City: _____ Zip: _____
Cell: _____ Work: _____ Email: _____
Employer and Work Hours: _____
Work Address _____

Emergency Contact Information*

The following individuals are allowed to pick up my child, must be four different people:

Name (first, last): _____ Phone: _____ Relationship: _____
Name (first, last): _____ Phone: _____ Relationship: _____

Non-Emergency Contact Information*

Name (first, last): _____ Phone: _____ Relationship: _____
Name (first, last): _____ Phone: _____ Relationship: _____

Medical Dental Contact Information*

Insurance Provider and Policy Information (if applicable): _____
Primary Physician Name: _____ Phone: _____
Dental Provider: _____ Phone: _____

Parent or Guardian Authorization*

(Please initial each line that you authorize)

____ My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).

____ My child may be photographed for publicity or news purposes

____ Transparent Classroom

____ Onsite (Monthly Newsletters)

____ Offsite (Website, external Facebook page, Instagram)

____ My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, and antibacterial first aid cream. The child's parents or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medication must be current and a permission slip is required per each medication.

____ In an emergency, Zora Montessori has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Child's Information*

Has your child previously been in childcare? If yes, what type of care and for how long? _____

Reason for requesting care: _____

General Information (Please include info that will assist us in providing quality care) *

Likes and Dislikes: _____

Eating Habits and Schedule: _____

Sleeping Habits and Schedule: _____

Play: _____

Fears: _____

Special Words and their meanings: _____

Medical Information*

Does your child have allergies? _____ Yes _____ No Has your child had chickenpox? _____ Yes _____ No

List all allergies or other chronic health problems including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?

Other Children in Home

Name (first, last): _____	Nickname _____	Age: _____	Gender: _____
Name (first, last): _____	Nickname _____	Age: _____	Gender: _____
Name (first, last): _____	Nickname _____	Age: _____	Gender: _____
Name (first, last): _____	Nickname _____	Age: _____	Gender: _____

***Required information, fill out each section completely.**

Parent/Guardian Signature _____

Date: _____

Parent/Guardian Signature _____

Date: _____

Parent/Guardian Signature _____

Updated: _____

Parent/Guardian Signature _____

Updated: _____

Parent/Guardian Signature _____

Updated: _____

Parent/Guardian Signature _____

Updated: _____

Parent/Guardian Signature _____

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Parent/Guardian Signature _____

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Updated: _____