



DOORWAY TO A BRIGHTER FUTURE.

Enrollment Application

Today's Date _____ Start Date _____

Name of Child _____ Date of Birth _____

Address _____ Boy _____ Girl _____

Mother's Name _____ Mother's Cell number _____

Mother's Email Address _____

Employer _____ Work Number _____

Father's Name _____ Father's Cell number _____

Employer _____ Work Number _____

Father's Email Address _____

Legal Guardian Name _____ Cell Number _____

Employer _____ Work Number _____

Guardian's Email Address _____

Family Information: Status of Parents - Please mark one

Married _____ Separated _____ Divorced _____ Other _____

With whom does the child live? _____

Tuition / Payment Information: Current Tuition Amount: Monthly

Please outline below who is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Release and Emergency Authorization – Photo ID Required

1. Name _____ Cell Number _____

Address _____

Employer _____ Work Number _____

Email Address _____

Relationship to child _____ Relationship to Parents _____

2. Name _____ Cell Number _____

Address _____

Employer _____ Work Number _____

Email Address _____

Physician:

Name _____

Address _____ Phone _____

Additional Information:

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes _____ No _____ Plan submitted on: _____

Photograph Permission

I give Little Gems Montessori permission to take my child’s picture for the purpose of publications. The Montessori may take school pictures to use for art projects and send me monthly snap shots of my child’s activities. Parent/Legal Guardian Signature : _____

Water Activities

I give consent for my child to participate in the following water activities:

Water table play sprinkler play (Only in Summer)

Parent/Legal Guardian Signature: _____

Medication

All medication given to a child at his/her school must be authorized by a written statement from the physician or parents. All medication must be in the original container labeled with the child's name, date, and amount to be given. Medication will be given per labeled instructions. Over the counter medication will only be given as per labeled directions. Children under the age of three will **not** be given over the counter medication without a signed physician statement. All medication will be sent home each day with the child's parent/legal guardian.

Parent/Legal Guardian Signature _____

Emergency Event

I _____, hereby authorize Little Gems Montessori to give first aid care/seek medical attention for my child while in their care.

Parent/Legal Guardian Signature

Program Options:

Half Day _____ School Day _____ Full Day _____

Five Days _____ Three Days _____

_____ Little Gems Montessori will provide snacks twice a day. Parents will send Lunch from home.

OR

Lunch Optional cost of \$ _____ check payable to " _____ " service _____

Application, Registration and Supply fees are non-refundable.

Application Fee \$ _____	Supply Fee \$ _____	Registration Fee \$ _____
Last Month's Tuition as deposit \$ _____		First Month Tuition \$ _____
Total Fees Paid Cash \$ _____	Check _____	Check Number _____