

**Montessori House, Inc. Preschool Enrollment Form**

2415 N. Terrace Circle, Mesa, AZ 85203

*Please print all information.*

Child's Name:	Address:
Phone:	Birthdate:
Father:	Mother:
Occupation:	Occupation:
Business Phone:	Business Phone:
Email:	Email:

**If neither parent can be reached, who can we contact in case of an emergency?**

Name:	Phone:	Relationship to Child:
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Child's Doctor: \_\_\_\_\_

Address:	Phone:
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Hospital Preferred: \_\_\_\_\_

Address:	Phone:
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I have filled out the information sheets regarding my child to the best of my knowledge. I have also received and read the Montessori House Handbook regarding enrollment, admission, tuition, and other information. I realize that I am responsible for knowing this information and that if I have any questions or concerns that I will discuss them with the directress. I understand also that my tuition will be \_\_\_\_\_ and that my child will be coming to the school on the following days \_\_\_\_\_ and times \_\_\_\_\_.

I further understand that if I do not live up to these obligations that my child will be discharged from school. This school reserves the right to discharge, at any time, any child whose presence, in the opinion of the school, is detrimental to the program of the school, or who is not benefiting from the instruction.

Parent(s) Signature(s)

Mother:	Date:
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Father:	Date:
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*The Montessori House, Inc. shall not practice or permit discrimination on the basis of sex, race, national origin, religion, or physical handicap or disability. We also do not discriminate against anyone in regards to income level, athletic ability or proficiency in the English language.*

**Child's Personal Information**

Child's Name: \_\_\_\_\_

Parent's Marital Status: Married Divorced Separated Single

If divorced, with whom does the child generally live? \_\_\_\_\_

Are the parents remarried? Mother Father Age of child at remarriage: \_\_\_\_\_

Is either parent deceased? Y N Is either parent gone for long periods of time? Y N

Is the child adopted? Y N At what age? Is the child aware of the adoption? Y N

Is the child regularly cared for by anyone other than the parents? Y N

Name of Caregiver: What portion of the day? \_\_\_\_\_

In his home? Y N If not, where? \_\_\_\_\_

Child lives in: House Apt. Other: Is there a yard to play outdoors? \_\_\_\_\_

Does the child have a room alone? Y N Shares room with : \_\_\_\_\_

Describe the child's play activities:

Outdoors: \_\_\_\_\_

With other children: \_\_\_\_\_

Favorite activities, games: \_\_\_\_\_

Favorite toys and books: \_\_\_\_\_

How much TV does the child watch? \_\_\_\_\_

What programs? \_\_\_\_\_

How does the child get along with parents? Siblings? \_\_\_\_\_

How does the child get along with other children? \_\_\_\_\_

Has the child attended school before? Y N Where? \_\_\_\_\_

What is the reason for choosing a Montessori school? \_\_\_\_\_

\_\_\_\_\_

Does the child have any food allergies? Y N List: \_\_\_\_\_

\_\_\_\_\_

Other children in the family:

Name Age Name Age

\_\_\_\_\_

\_\_\_\_\_

Other members of the household (grandparents, housekeeper, etc.):

Name Relationship

\_\_\_\_\_

\_\_\_\_\_

If you were referred to Montessori House, by whom? \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date records requested: Date records received: \_\_\_\_\_

Birth Certificate Immunization Other