

APPLICATION FOR ENROLLMENT

Please print all information clearly



Identification

Term and year: Spring, 2016

Session: Morning Afternoon (if offered)

Check one, or leave blank if no preference

Name of child _____
Last First

Date of birth _____ Age _____
Month Day Year Years

Previous schooling or childcare (if any) _____

Name of parent/custodian _____
Last First

Address _____

Telephone _____
Home Mobile Work

Page 1 of 4 • Please complete all pages



Name of child _____
Last First initial

Occupation/daytime activity of parent/custodian _____

Parent/custodian's employer (if applicable) _____
Company name

Employer's address _____

_____ Telephone _____

Name of spouse / partner _____
Last First

Address (if different) _____

Telephone _____
Home Mobile Work

Occupation/daytime activity of spouse / partner _____

Spouse / partner's employer (if applicable) _____

Employer's address _____

_____ Telephone _____



Name of child _____
Last First initial

Authorized contacts and custodians for pickup

Primary contact / pickup person _____
Last name First name

Relationship to child _____

Telephone _____
Home Mobile Work

Best to call during day: Home Mobile Work Other: _____
Check one Specify if applicable

Second contact / pickup person _____
Last name First name

Relationship to child _____

Telephone _____
Home Mobile Work

Best to call during day: Home Mobile Work Other: _____
Check one Specify if applicable

Parent / custodian's initials _____



Name of child _____
Last First initial

Medical and emergency information

Food or other allergies (if any) _____

Medications taken during day (if any) _____

Special needs/other conditions (if any) _____

Third / emergency contact (other than contacts / custodians listed on previous page):

Name _____
Last First

Telephone _____
Home Mobile Work

Best to call during day: Home Mobile Work Other: _____
Check one Specify if applicable

I hereby apply for enrollment of the above-named child in Morgantown Montessori.
I confirm that this child has received all immunizations or exceptions required by law.

Parent / custodian's signature _____

Date _____

Page 4 of 4 • Please complete and return with non-refundable \$25 application fee to below address