## THE MONTESSORI SCHOOLHOUSE





Home Address (If different from Child) Email Bus. Ph Education: Mother Father Who is the primary Caregiver? Bus. Ph  Previous School Attended: Who is the primary Caregiver? Previous School Attended: City	_ Cell PhF Cell Ph  Yes_ ntact?	Hm PhHm PhState State PHONE
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Name of Father Occupation Home Address (If different from Child) Email Bus. Ph Education: Mother Father Are Parents Living Together? Who is the primary Caregiver? Previous School Attended: City Has the child been expelled or is in the process of being expelled? No Name of Family Doctor: n case of emergency, if neither parent is available, whom should we come as a series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency, if neither parent is available, whom should we come not series of emergency is not series of emergency.  Are there any allergies or characteristics we should know about your chara	F Cell Ph Yes_ ntact?	Hm PhState State PHONE
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Previous School Attended:City	Yes_ ntact?	State(Please Attach Explanation Ph PHONE
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Asian Native Hawaiian or Other Pacific Islander White Special Interest/Hobby	DIa	ack or African American
Special Interest/Hobby		ICK OF AFFICALL AFFICALI
Special Interest/Hobby Has your family moved in the last 3 years to seek farm work? No `		
Has your family moved in the last 3 years to seek farm work? No		
	Yes	
Please list the name, age and gender of any other person(s) living in you	ur home:	
f you have any questions regarding enrollment, please call 520.31		
, , q	19,8668.	
Signature of Parant	19.8668.	