

THE MONTESSORI SCHOOLHOUSE

APPLICATION FOR ADMISSION/ENROLLMENT FORM- Preschool



Child's Name _____ Sex _____ Age _____ Date of Birth _____
Street Address _____ Zip _____ Home Ph. _____

Name of Mother _____ Occupation _____
Home Address (If different from Child) _____ Hm Ph _____
Email _____ Bus. Ph _____ Cell Ph _____

Name of Father _____ Occupation _____
Home Address (If different from Child) _____ Hm Ph _____
Email _____ Bus. Ph _____ Cell Ph _____

Education: Mother _____ Father _____

Are Parents Living Together? _____ Who is the primary Caregiver? _____

Previous School Attended: _____ City _____ State _____

Has the child been expelled or is in the process of being expelled? No _____ Yes _____ (Please Attach Explanation)

Name of Family Doctor: _____ Ph _____

In case of emergency, if neither parent is available, whom should we contact?

	NAME	RELATIONSHIP TO CHILD	PHONE
1.	_____	_____	_____
2.	_____	_____	_____

Are there any allergies or characteristics we should know about your child? Please attach explanation.

Please answer Ethnicity THEN Race. (Hispanic\Latino Ethnicity will supersede race. If you identify as multi-racial, only check Race boxes.)

Ethnicity: Is this student Hispanic\Latino? _____

Race: Identify one or more races. American Indian or Alaskan Native _____ Black or African American _____

Asian _____ Native Hawaiian or Other Pacific Islander _____ White _____

Special Interest/Hobby _____

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 your home:

If you have any questions regarding enrollment, please call 520.319.8668.

Signature of Parent _____ Dated _____