



12145 SE 68<sup>th</sup> PL, Bellevue, WA 98006

Phone: (425)548-8668

Email: [ms\\_ao@ivymontessori-school.com](mailto:ms_ao@ivymontessori-school.com)

[www.ivymontessori-school.com](http://www.ivymontessori-school.com)

# Application Form

## Child's Details

Full Name of Child:		Chinese Name (If Any):	
Date of Birth:		Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Address:			
Address*:			
Home Phone:		Cell Phone	

\*: Please provide the secondary address if the child lives in more than one address on a regular basis.

## Child's Background

Child's Ethnic Group:	
Languages spoken at home:	

## Mother's Details

Mother's Name:		Mother's Cell Phone:	
Mother's Email:			
Mother's Home Address (If different from child's):			
Mother's Home Phone:			
Mother's Employer:			
Mother's Occupation:			
Mother's Work Email:			
Mother's Work Phone:			

## Father's Details

Father's Name:		Father's Cell Phone:	
Father's Email:			
Father's Home Address (If different from child's):			



12145 SE 68<sup>th</sup> PL, Bellevue, WA 98006

Phone: (425)548-8668

Email: [ms\\_ao@ivymontessori-school.com](mailto:ms_ao@ivymontessori-school.com)

[www.ivymontessori-school.com](http://www.ivymontessori-school.com)

Father's Home Phone:	
Father's Employer:	
Father's Occupation:	
Father's Work Email:	
Father's Work Phone:	

## Who has parental responsibility?

Name:			
Name:			
Are there any contact restrictions? (If Yes, please provide details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details			

## Emergency Contacts

Name:		Phone:	
Relationship to Child:			
Name		Phone:	
Relationship to Child:			
Name:		Phone:	
Relationship to Child:			

## Childcare Enrollment Plan

Start Date:	/	/	(MM/DD/YYYY)
End Date:	/	/	(MM/DD/YYYY)



12145 SE 68<sup>th</sup> PL, Bellevue, WA 98006

Phone: (425)548-8668

Email: [ms\\_ao@ivymontessori-school.com](mailto:ms_ao@ivymontessori-school.com)

[www.ivymontessori-school.com](http://www.ivymontessori-school.com)

## Child's Daily School Plan

Day	Regular School Hours		After Care	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Note: Please refer to the school website for details of the regular school hours and after care options. If you need to change your aftercare plan after your child is enrolled with Ivy Montessori School, please inform the school via email.

## Pickup Arrangements

Who is authorized to pick up your child other than parents? Your child will only be allowed to leave the school with people listed here. Any changes to this information should be made in writing to the school.

Name:		Relationship to Child	
Name:		Relationship to Child	
Name:		Relationship to Child	

As an extra precaution, you may use a password. The password can be in English or Chinese. Anyone other than the parents picking up your child should provide this password, NO EXCEPTION.

If the one picking up your child could not pronounce the password correctly, one of the parents needs to call in the school to provide the password verbally, before the child can be picked up and leave the school.

Password:	
-----------	--



12145 SE 68<sup>th</sup> PL, Bellevue, WA 98006

Phone: (425)548-8668

Email: [ms\\_ao@ivymontessori-school.com](mailto:ms_ao@ivymontessori-school.com)

[www.ivymontessori-school.com](http://www.ivymontessori-school.com)

## Child's Pediatric Doctor's Information

Doctor's Name:		Doctor's Phone Number:	
Doctor's Office Address:			

## Child's Medical Details

### Medical Details:

Does your child have any medical conditions we should be made aware of? Please provide details:

### Allergies

Does your child have any allergies we should be made aware of? Please provide details.

### Long Term Medication

Is your child on any long term medication we should be made aware of? Please provide details.



12145 SE 68<sup>th</sup> PL, Bellevue, WA 98006

Phone: (425)548-8668

Email: [ms\\_ao@ivymontessori-school.com](mailto:ms_ao@ivymontessori-school.com)

[www.ivymontessori-school.com](http://www.ivymontessori-school.com)

### Special Dietary Requirements

Does your child have any special dietary requirements? E.g., Vegetarian. Please provide details:

### Other

Is there any other information related to the care of your child that we should be made aware of?

### Permissions: Do you give the school the permissions to:

Do you give the school the permission to take photographs of your child for development files?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give the school the permission to use the photographs of your child for promotion purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give the school the permission to use photographs of your child on social media sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give the school the permission to administer the first aid to your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you give the school the permission to take your child to hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to any necessary or emergency medical treatment to be sought and administered, as considered necessary by the medical authorities.	<input type="checkbox"/> Yes <input type="checkbox"/> No



---

12145 SE 68<sup>th</sup> PL, Bellevue, WA 98006

Phone: (425)548-8668

Email: [ms\\_ao@ivymontessori-school.com](mailto:ms_ao@ivymontessori-school.com)

[www.ivymontessori-school.com](http://www.ivymontessori-school.com)

---

Name of the Child's Parent or Guardian Who Fills this Form:

---

Signature and Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(MM/DD/YYYY)