



# Coconut Grove Montessori School

## Application for Admission

Start Date (Mo/Yr) \_\_\_\_\_ Half Day (8:30-11:30) \_\_\_\_\_ Full Day (8:30-2:30) \_\_\_\_\_ After Care (2:30-5:30) \_\_\_\_\_

Name of Child \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Sex \_\_\_\_\_ Present Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Email \_\_\_\_\_

General Health of Child \_\_\_\_\_ Allergies \_\_\_\_\_ Fears \_\_\_\_\_

Any Serious Illness or Accident \_\_\_\_\_

Pediatrician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Previous Schooling? \_\_\_\_\_ Where? \_\_\_\_\_

Is child cared for other than parents? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Are parents separated or divorced? \_\_\_\_\_ Custody: Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Person to be notified if parents cannot be reached:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Permitted to remove child from school: Mother: Yes \_\_\_\_\_ No \_\_\_\_\_ Father: Yes \_\_\_\_\_ No \_\_\_\_\_

Other persons allowed to remove child from school:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signatures:

Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

Two health certificates (immunization schedule and general health form) from your pediatrician and a non-refundable **\$50 Application fee** are to be attached.