

Casa dei Montessori
Admission Application

Child's full name _____ Child's Birthdate _____

Date of Enrollment _____ Days enrolled _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Phones: Home _____ Phones: Home _____

Cell _____ Work _____ Cell _____ Work _____

email _____ email _____

Where employed _____ Where employed _____

How did you hear about Casa dei Montessori? _____

Persons authorized to pick up and transport: _____

Name(s) and phone #'s of person(s) authorized to act as parent in an
emergency _____

Physician's name and phone _____

Does your child have any environmental or food allergies? _____

If yes, please list: _____

Does your child have any known health problems? _____

If yes, please list: _____

Parent's signature _____ Date _____