

Casa dei Montessori
Admission Application

Child's full name _____ Child's Birthdate _____

Circle classroom toddler primary elementary Days enrolled _____

Mother's Name _____ Father's Name _____

Address _____ Address _____

Phone: home _____ home _____

Cell _____ Work _____ Cell _____ Work _____

Email _____ Email _____

Employed by _____ Employed by _____

Persons authorized to pick up and transport _____

Emergency Contact: _____

Emergency Contact Phone: _____

Physician's Name and Phone Number _____

Please list any food or environmental allergies _____

Does your child have any diagnosed health issues? If so, please list _____

Parent's Signature _____ Date _____

A nonrefundable application fee of \$75 is required with this application.