



MOTHER OF MERCY MONTESSORI

Application Form

2020-2021

<i>Office Use Only</i>	
Date Rec'd	_____
Check #	_____
Amount	_____
Reg. Agreement	_____
Acceptance	_____
Notification Sent	_____
PS <input type="checkbox"/>	FACTS <input type="checkbox"/>
TLC <input type="checkbox"/>	QB <input type="checkbox"/>

Child's Name _____
Last First Middle

Boy Girl Daycare

Date of birth _____ Ethnicity _____

Mother's Name (Last) _____ (First) _____ Religion _____

Address _____ District _____ Home Phone _____

Occupation _____ Employer _____ Work Phone _____ Cell Phone _____

Father's Name (Last) _____ (First) _____ Religion _____

Address (if different) _____ District _____ Home Phone _____

Occupation _____ Employer _____ Work Phone _____ Cell Phone/Pager _____

PARENT/GUARDIAN STATUS: Married Single Divorced Separated Widowed Co-habiting

WHO HAS CUSTODIAL RIGHTS: Both Father Mother Guardian

Name of Guardian (if applicable) _____ Address _____ Cell Phone _____ Religion _____

Names & birthdates of other children in family _____

E-mail address _____

Comment on eating habits/ **food allergies** _____

Comment on specific dislikes or fears _____

Comment on child's behavior/ discipline _____

Favorite toys or activities _____

Has your child been tested for or diagnosed with any special needs? Yes No

If yes, please explain _____

Any additional information that would help us to better understand and work with your child: _____

BANKING INFORMATION
Which Bank/credit union do you use? _____
Please State Account Number: _____
Please State the Name on Account: _____