

Montessori School of Orlando

Application for Enrollment

Student Information

Child's Name: _____

Child's Nickname: _____ Gender: Male Female

Date of Birth: _____ Place of Birth: _____

Child's Physical Address: _____

City: _____ Zip: _____

Office Use Only

Date of Enrollment: _____

Start Date: _____

Program Enrolled: _____

CCS R APPS

EMAIL ADD HL

EML PCKT NL

CAR TAG ASSEMNT _____

EMAIL RMVED FLE RMVED

R/RMVED

Family Information: Child lives with: Both parents Mother Father Grand Parents Other: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

City: _____ State/Zip: _____

City: _____ State/Zip: _____

Home Phone: _____ Cell: _____

Home Phone: _____ Cell: _____

Occupation: _____

Occupation: _____

Business Name & Address: _____

Business Name & Address: _____

Work Phone: _____

Work Phone: _____

Work Hours: _____

Work Hours: _____

Email Address: _____

Email Address: _____

Medical Information:

Does your child have any **allergies or physical/medical conditions** which should be brought to our attention? Yes No

If Yes, please explain: _____

Has your child been identified as having a **learning disability or other special need**? Yes No If Yes, please explain: _____

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Any fears or anxieties? No Yes: _____

Is your child Potty Trained? Yes No Hobbies/Activity child enjoys: _____

Has your child attended any other Childcare or Pre-School Program? Yes No If Yes, Name of School or Day care, _____

reason for leaving: _____

How did you hear about our school? Referred by: _____ Internet Search Flyer Coupon

Other _____

Contacts:

Your child will be released ONLY to the custodial parent or legal guardian and the persons listed below:

The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached. The people on this list must be at least 18 years of age. Anyone picking up the child must be prepared to show a picture Identification.

Name/Relationship	Address	Cell/work no.	Home No.
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Helpful information about your child:

Section 65C-22.006 (2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.31 25(5), F.S., requires that parents receive a copy of the Child Care/School Brochure "Know your child care facility".

Section 65C-22.006(3)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility/school.

I give permission for my child to participate in field trips and food activities/special occasions in school for as long as my child/dren is enrolled in MSO as referenced in paragraphs 65C-22.001(7)(c) and 65C-22.005(1)(c)2, F.A.C.

Print Name of Parent/Legal Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____