

Montessori House, Inc. Preschool Enrollment Form

2415 N. Terrace Circle, Mesa, AZ 85203

Please print all information.

Child's Name: _____ Address: _____

Phone: _____ Birthdate: _____

Father: _____ Mother: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

Email: _____ Email: _____

If neither parent can be reached, who can we contact in case of an emergency?

Name: _____ Phone: _____ Relationship to Child: _____

Child's Doctor: _____

Address: _____ Phone: _____

Hospital Preferred: _____

Address: _____ Phone: _____

I have filled out the information sheets regarding my child to the best of my knowledge. I have also received and read the Montessori House Handbook regarding enrollment, admission, tuition, and other information. I realize that I am responsible for knowing this information and that if I have any questions or concerns that I will discuss them with the directress. I understand also that my tuition will be _____ and that my child will be coming to the school on the following days _____ and times _____.

I further understand that if I do not live up to these obligations that my child will be discharged from school. This school reserves the right to discharge, at any time, any child whose presence, in the opinion of the school, is detrimental to the program of the school, or who is not benefiting from the instruction.

Parent(s) Signature(s)

Mother: _____ Date: _____

Father: _____ Date: _____

The Montessori House, Inc. shall not practice or permit discrimination on the basis of sex, race, national origin, religion, or physical handicap or disability. We also do not discriminate against anyone in regards to income level, athletic ability or proficiency in the English language.

Child's Personal Information

Child's Name: _____

Parent's Marital Status: Married Divorced Separated Single

If divorced, with whom does the child generally live? _____

Are the parents remarried? Mother Father Age of child at remarriage: _____

Is either parent deceased? Y N Is either parent gone for long periods of time? Y N

Is the child adopted? Y N At what age? Is the child aware of the adoption? Y N

Is the child regularly cared for by anyone other than the parents? Y N

Name of Caregiver: What portion of the day? _____

In his home? Y N If not, where? _____

Child lives in: House Apt. Other: Is there a yard to play outdoors? _____

Does the child have a room alone? Y N Shares room with : _____

Describe the child's play activities:

Outdoors: _____

With other children: _____

Favorite activities, games: _____

Favorite toys and books: _____

How much TV does the child watch? _____

What programs? _____

How does the child get along with parents? Siblings? _____

How does the child get along with other children? _____

Has the child attended school before? Y N Where? _____

What is the reason for choosing a Montessori school? _____

Does the child have any food allergies? Y N List: _____

Other children in the family:

Name Age Name Age _____

Other members of the household (grandparents, housekeeper, etc.):

Name Relationship _____

If you were referred to Montessori House, by whom? _____

FOR OFFICE USE ONLY

Date records requested: Date records received: _____

Birth Certificate Immunization Other _____