



Enrollment Application Form

Today's Date _____

Child's Name _____ Age _____

Nick Name _____ Birthday _____

Home Address _____

Home Phone Number _____

Parents/Primary Caregivers

Contact Info:

Parent/Caregiver name _____

Cell Phone _____ Work Phone _____

Address _____
_____ Email _____

Parent/ Caregiver name _____

Cell Phone _____ Work Phone _____

Address _____
_____ Email _____

Siblings:

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Emergency Contact Person _____

Contact's phone _____ Relationship: _____

Address _____

Authorized to pick up form care: **Yes No**

Emergency Contact Person _____

Contact's phone _____ Relationship: _____

Address _____

Authorized to pick up form care: **Yes No**

Do you have a backup care provider? _____

Are there any persons legally restricted from contact with the child? _____

Names: _____

Service Info

Enrollment start Date _____

Classroom hours are Monday through Friday from 8:00 am to 4:30 pm.
There is a 30 min grace period before and after class time for drop off and pick up.
There is no discount given for days not attended.

Are you able to drop off between 7:30 am and 8:00 am? _____
Are you able to pick up between 4:30pm and 5:00 pm? _____
I have made alternative arrangements with Morning Light Montessori. _____

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations will be needed)

General state of health:

Doctor Name _____ Phone Number _____
Address _____

Dentist Name _____ Phone Number _____
Address _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known *food allergies* (epi pen and emergency plan required) or *sensitivities* (no epi pen or emergency plan required)

Are you concerned that your child may be prone to any type of allergies? _____
Describe:

List any food/diet restrictions

Does your child have any medical conditions, which I should be made aware of?

Does your child have any physical, mental, developmental, speech, hearing or visual differences?

Are there any restrictions to play or activities?

Common Childhood Illnesses

(please circle all that apply)

Does your child have any problems with these?

Has your child had any of these diseases?

Constipation

Convulsions

Diarrhea

Fainting Spells

Frequent Colds

Frequent Ear Infections

Frequent Sore Throats

Lice

Ringworm

Skin Rash

Soiling

Stomach Upsets

Urinary Problem

Worms

Asthma

Bronchitis

Chicken Pox

Diabetes

Heart Disease

Hepatitis

Impetigo

Measles

Mumps

German Measles

Polio

Scarlet Fever

Tuberculosis

Whooping Cough

Please explain any additional current/ reoccurring health issues or previous health information we should be aware of including hospitalizations in the last 12 months.

About Your Child

Has your child ever been in child care outside the home before? _____

What type (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

Why are you looking for child care?

How does your child feel about being left by his/her mommy/daddy?

How familiar are you with Montessori education/philosophy? (circle one)
only by name & reputation / basic philosophical understanding / personal experience /
conducted in depth research / Other:

Has your child been exposed to any traumatic situations or significant changes such as a death in the family, divorce, moving to a new house, new sibling, etc.?

Describe your normal method of discipline?

Describe your child's temperament. Are they easy going, hard to please, active, reserved, demanding, aggressive, highly sensitive, etc.

What are your child's favorite foods?

What food does your child dislike?

Can your child be relied upon to indicate bathroom wishes?

What words does your child use for bathroom needs? _____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Do they usually sleep through the night? _____

Does your child nap daily? _____ What time do they usually nap? _____

How long will your child usually nap? _____

Does your child sleep in a bed, crib or other? _____

Has your child had experience playing with other children? Please describe interactions.

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, toy etc.?

What are your child's favorite activities, toys, books, or games?

How much screen time is your child exposed to on a daily and weekly basis?

What kind of shows, movies, electronic games does your child enjoy?

Are there any other comments or information you would like to let me know about?

Any specific questions or concerns?

Do you give permission for your child to participate in water play, i.e. sprinklers, water toys, mud kitchen, splash pads etc.? **yes** **no**

Yes, with these restrictions _____

Do you give permission for sunscreen to be applied to your child? **yes** **no**

yes, but only this specific one, which I will supply _____

Do you give permission for insect repellent to be applied to your child? **yes** **no**

yes, but only this specific one, which I will provide _____

Signature of parent/guardian

Date

Relationship to child
