



Morning Light Montessori

A Children's Learning Community

Enrollment Application Form

Date _____

Child's Name _____ Age _____

Nick Name _____ Birthday _____

Home Address _____

Home Phone Number _____

Parents/Primary Caregivers

Mom's name _____

Dad's name _____

If the parents are not the primary caregiver please give the name of the primary caregivers instead.

Siblings:

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Contact Info:

Mother

Cell Phone _____ Work Phone _____

Home Address _____
_____ email _____

Father

Cell Phone _____ Work Phone _____

Home Address _____
_____ email _____

Emergency Contact Person _____

Contact's phone _____ Relationship: _____

Authorized to pick up form care _____

Emergency Contact Person _____

Contact's phone _____ Relationship: _____

Authorized to pick up form care _____

Do you have a backup care provider? _____

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

Names: _____

Service Info

Beginning date needing care _____

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 allergies?

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

Describe:

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

Common Childhood Illnesses

(please circle all that apply)

Does your child have any problems with these?

Constipation
Convulsions
Diarrhea
Fainting Spells
Frequent Colds
Frequent Ear Infections
Frequent Sore Throats
Lice
Ringworm
Skin Rash
Soiling
Stomach Upsets
Urinary Problem
Worms

Has your child had any of these diseases?

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.

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

Are there any restrictions to play or activities?

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? only by name & reputation / basic philosophical understanding / personal experience / conducted in depth research

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.

List any food restrictions

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?

Signature of person(s) filling out this form

Date

Relationship to child
