



**GABLES MONTESSORI SCHOOL**  
**990 S. Le Jeune Road**  
**Miami, Florida 33134**  
**Tel. (305) 567-1900, Fax (305) 567-0749**  
[www.gablesmontessori.com](http://www.gablesmontessori.com)

## Enrollment Form

### Student Information:

Date of Enrollment \_\_\_\_\_  
Childs Name \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex F \_\_\_\_ M \_\_\_\_  
                    MM      DD      YY  
Home Address \_\_\_\_\_  
  Street  City                    State    Zip Code  
Home Telephone \_\_\_\_\_

### Parent Information:

Mother's Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address of Employment \_\_\_\_\_  
Work Telephone No. \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address of Employment \_\_\_\_\_  
Work Telephone No. \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

### Siblings:

Name	Gender	Age	Address (if Different).		



**Persons permitted to remove child/children from school:**

**Mother:** Yes ( ) No ( )

**Father:** Yes ( ) No ( )

**Guardian:** \_\_\_\_\_

**Others:**

Name	Relationship	Telephone

**Special Instructions:**

Eating Habits	
Toilet	
Nap Time	
Outside Time	

**Health Information:**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Child's Birth: Normal \_\_\_\_ Premature \_\_\_\_ Overdue \_\_\_\_ C-Section \_\_\_\_

Weight at Birth: \_\_\_\_\_ Complications at Birth: \_\_\_\_\_

Age Child Walked \_\_\_\_\_ Potty Trained: Y ( ) N ( )

Serious Illness or Hospitalization: Y ( ) N ( )

Describe:

Is the child currently taking medications? Y ( ) N ( )

Describe type and dosages:

Allergies, dietary restrictions, physical or behavioral limitations:

**Notes:**

1. The child's current health certificates (blue and yellow forms) dated no earlier than May of the present year are required for all students. Your child will not be admitted without these forms.
2. For admission to the Montessori 3 to 6 Program all children must be toilet trained by the first day of school. No pull-ups.



**Prior School Experiences:**

Name and Address	Age

**General:**

How did you learn about our school?

---

What are your expectations for your child:

---

---

Note: A \$300.00 non-refundable enrollment fee must accompany this Form. The School reserves the right to dismiss any child that is not benefiting from the program.

Payment Method:

Cash \_\_\_\_\_ Check \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec.# \_\_\_\_\_

Amex \_\_\_\_\_ VISA \_\_\_\_\_ Master Card \_\_\_\_\_

I hereby authorize Gables Montessori School to charge my credit card for the Application Fee referred to above.

---

Authorized Signature

**PLEASE SUBMIT A RECENT PHOTO OF YOUR CHILD FOR OUR RECORDS.**



**Helpful Information About 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 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

**Medical Authorization:**

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:

Doctor:    Address:    Phone:

Please list allergies, special medical or dietary needs, or other areas of concern:

**Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.**

---

Signature of Parent/Guardian

---

Date