





**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?

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What are your expectations for your child:

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Note: A \$500.00 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.

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Authorized Signature

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

