

GABLES MONTESSORI SCHOOL

990 S. Le Jeune Road Miami, Florida 33134 Tel. (305) 567-1900, Fax (305) 567-0749 www.gablesmontessori.com

Enrollment Form

Student Information:

Date of Enrollment							
Childs Name							
Birth Date		Sex	K F	M			
MM DD Y	ΥY						
Home Address			~				
Stre			City	State	Zip Code	e	
Home Telephone							
Parent Information:							
Mother's Name							
Mother's Name Social Security No]	Driver'	 s License N	lo.			
Employer:							
Address of Employment							
Work Telephone No	Work Telephone No Cellular Phone						
E-mail Address							
Father's Name							
Social Security No]	Driver'	_ s License N	lo.			
Employer:					_	-	
Address of Employment							
Work Telephone No.							_
E-mail Address							
			_				
Siblings:							
Name	Gender	Age	Address (i	f Differ	ent).		



Persons permitted to remove child/children from school:

Name		
	Relationship	Telephone
Special Instructions:		
Eating Habits		
Toilet		
Nap Time		
Outside Time		
Telephone Numbers Child's Birth: Normal	Premature Overdue	
Telephone Numbers Child's Birth: Normal Weight at Birth:	_ Premature Overdue Complications at Birth:	
Telephone Numbers Child's Birth: Normal Weight at Birth:	_ Premature Overdue Complications at Birth: Potty Trained:	
Telephone Numbers Child's Birth: Normal Weight at Birth: Age Child Walked Serious Illness or Hospitaliz Describe:	_ Premature Overdue Complications at Birth: Potty Trained:	

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 \$500.00 non-refundable enrollment fee must a reserves the right to dismiss any child that is not benefit		
Payment Method:		
Cash Check		
Credit Card No	Exp. Date:	Sec.#
Amex VISA Master Card		
I hereby authorize Gables Montessori School to charge Fee referred to above.	my credit card for	the Application
Authorized Signature		

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



Helpful Information About Child:					
• Section 65C-22.006(2), Fimmunization record (Form		ent physical examination (Form 3040) and days of enrollment.			
Brochure, "Know Your Child	Care Facility" (CF/PI 1 eive a copy of the fa	es receive a copy of the Child Care Facility 175-24), or Section 65C-20.11(2)(c)(1), F.A.C., mily day care home brochure, "Selecting A			
disciplinary practices used b	y the child care facility	nat parents are notified in writing of the , or Section 65C-20.010(6)(c), F.A.C., requires der's discipline policy be available for review			
Medical Authorization:					
I hereby grant permission fo to obtain emergency medica		y to contact the following medical personnel			
Doctor:	Address:	Phone:			
Doctor:	Address:	Phone:			
Please list allergies, special n	nedical or dietary need	s, or other areas of concern:			
Your signature below indicates this enrollment form is comple	that you have received te and accurate.	the above items and that the information on			
Signature of Parent/Guardian		Date			