ENROLLMENT FORM



STUDENT INFORMATION

| Date of Enrollment: | | | | | | |
|----------------------------------|---------------|-----|-----------------|---------|----|----------|
| Child's Name: | DOB | | | | | |
| Sex : Female Male Home Address: | Home Phone: | | | MM | DD | YY |
| PARENT INFORMATION | | | | | | |
| Monther's Name: | | | SSN: | | | |
| Driver's License No | Email: | | | | | |
| Employer: | | | | | | |
| Work Phone: | Mobile Phone: | | | | | |
| Address of Employment: | Street | | City | State | : | Zip Code |
| Father's Name: | | | SSN: | | | |
| Driver's License No Employer: | | | | | | |
| | Mobile Phone: | | | | | |
| Address of Employment: | | | | State | | Zip Code |
| SIBLINGS | | | | | | |
| Name | Gender | Age | Address (If Dif | ferent) | | |
| | | | | | | |

| Father Yes No Guardian: ADDITIONAL PERSONS | | | EMOVE CHILD/CHIL | DREN FROM SCHOOL | |
|---|-------------------|----------------------|--------------------------|------------------|--|
| ADDITIONAL PERSONS Name | | | | | |
| ADDITIONAL PERSONS Name Relationship Phone Number | ratner Ye | es No | | | |
| Relationship Phone Number | Guardian: | | | | |
| Relationship Phone Number | ADDITIONAL I | PERSONS | | | |
| Fating Habits Foilet Nap Time Dutside Time HEALTH INFORMATION Physician's Name Address: Felephone Number: Child's Birth: Normal Premature Overdue C-Section Weight at Birth: Age Child Walked: Potty Trained: YES NO Describe: s the child currently taking medications: YES NO Describe type and dosages: | Name | | Relationship | Phone Number | |
| Fating Habits Foilet Nap Time Dutside Time HEALTH INFORMATION Physician's Name Address: Felephone Number: Child's Birth: Normal Premature Overdue C-Section Weight at Birth: Complications at Birth: Age Child Walked: Potty Trained: YES NO Describe: s the child currently taking medications: YES NO Describe type and dosages: | | | | | |
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| Toilet Nap Time Dutside Time HEALTH INFORMATION Physician's Name Address: Telephone Number: Child's Birth: Normal Premature Overdue C-Section Weight at Birth: Age Child Walked: Potty Trained: YES NO Serious Illness or Hospitalization: YES NO Describe: s the child currently taking medications: YES NO Describe type and dosages: | | RUCTIONS | | | |
| Nap Time Dutside Time HEALTH INFORMATION Physician's Name | • | | | | |
| Dutside Time HEALTH INFORMATION Physician's Name | | | | | |
| HEALTH INFORMATION Physician's Name | - | | | | |
| Physician's Name | Outside Time | | | | |
| Address: Telephone Number: | HEALTH INFO | RMATION | | | |
| Telephone Number: Child's Birth: Normal Premature Overdue C-Section Weight at Birth: Complications at Birth: Age Child Walked: Potty Trained: YES NO Serious Illness or Hospitalization: YES NO Describe: s the child currently taking medications: YES NO Describe type and dosages: | Physician's Na | me | | | |
| Child's Birth: Normal Premature Overdue C-Section Weight at Birth: Complications at Birth: Age Child Walked: Potty Trained: YES NO Serious Illness or Hospitalization: YES NO Describe: s the child currently taking medications: YES NO Describe type and dosages: | Address: | | | | |
| Weight at Birth: Complications at Birth: Age Child Walked: Potty Trained: YES NO NO Describe: s the child currently taking medications: YES NO NO Describe type and dosages: | Telephone Nun | nber: | | | |
| Age Child Walked: Potty Trained: YES NO Serious Illness or Hospitalization: YES NO Serious Illness or Hospitalization: YES NO Sescribe: Sescribe type and dosages: | Child's Birth: | Normal F | Premature Ov | verdue C-Section | |
| Serious Illness or Hospitalization: YES NO Sescribe: s the child currently taking medications: YES NO Sescribe type and dosages: | Weight at Birth | : | Complications | s at Birth: | |
| Describe: | Age Child Walk | red: | _ Potty Trained: YE | ES NO | |
| s the child currently taking medications: YES NO Describe type and dosages: | Serious Illness | or Hospitalization | n: YES NO | | |
| Describe type and dosages: | Describe: | | | | |
| | Is the child curr | rently taking medi | ications: YES N | 0 | |
| Allergies, dietary restrictions, physical or behavioral limitations: | Describe type a | and dosages: | | | |
| | Allergies, dieta | ry restrictions, phy | ysical or behavioral lin | nitations: | |
| | | | | | |

NOTES

- 1. The child's current health certificates are required for all students. Your child will not be admitted withouth these forms.
 - A. Florida Certificate of Immunizations DH 680
 - B. Heath Form DH3040
- 2. Forms must be up to date, make sure these are not close to expiration date.
- 3. For admission to the Montessori 3-6 Program all children must be toilet trained by the first day of school. No pull-ups.

| PRIOR SCHOOL EXPERIENCE | | |
|---|---|--------------|
| School Name | Address | Age |
| | | |
| | | |
| | | |
| GENERAL | | |
| How did you learn about our school: | | |
| Parent Referral: Parent Name | | |
| Google Search | | |
| Social Media | | |
| Online Ad | | |
| Other: | | |
| What are your expectations for your | child: | |
| | | |
| | | |
| | gistration fee will be charged to your a rollment process is complete. The scl nefiting from the program. | _ |
| PLEASE SUBMIT A RE | CENT PHOTO OF YOUR CHILD FOR | OUR RECORDS. |
| By signing, you acknowledge that you have received the information above and that details provided on this enrollment form complete and accurate. | all | Date |