

ENROLLMENT FORM



STUDENT INFORMATION

Date of Enrollment: _____

Child's Name: _____ DOB _____
MM DD YY

Sex : ☐ Female ☐ Male Home Phone: _____

Home Address: _____

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. _____ Email: _____

Employer: _____

Work Phone: _____ Mobile Phone: _____

Address of Employment: _____
Street City State Zip Code

SIBLINGS

Name	Gender	Age	Address (If Different)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONS PERMITTED TO REMOVE CHILD/CHILDREN FROM SCHOOL

Mother ☐ Yes ☐ No

Father ☐ Yes ☐ No

Guardian: _____

ADDITIONAL PERSONS

Name	Relationship	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SPECIAL INSTRUCTIONS

Eating Habits	<input type="text"/>
Toilet	<input type="text"/>
Nap Time	<input type="text"/>
Outside Time	<input type="text"/>

HEALTH INFORMATION

Physician's Name _____

Address: _____

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: _____

Is the child currently taking medications: YES ☐ NO ☐

Describe type and dosages: _____

Allergies, dietary restrictions, physical or behavioral limitations: _____

NOTES

1. The child's current health certificates are required for all students. Your child will not be admitted without these forms.
 - A. Florida Certificate of Immunizations DH 680
 - B. Health 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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: _____

Note: A \$500 non-refundable registration fee will be charged to your account on Brightwheel (School App) as soon as the enrollment process is complete. The school reserves the right to dismiss any child that is not benefiting from the program.

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

By signing, you acknowledge that you have received the information above and that all details provided on this enrollment form are complete and accurate.

Signature of Parent/Guardian

Date