



THE MONTESSORI
SCHOOL of SANFORD

Where Potential Meets Success

488-B Commerce Drive. Sanford, NC. (919) 499-0998

Student's Application for Enrollment

Application Type: _____ Sibling _____ New Student _____ Returning student

Grade or program to enter _____ After school care requested? _____

Payment Plan: _____ Full payment _____ Half-year payment _____ 10 month

Application Date _____ Date of Enrollment _____

Name of Child _____
(Last, First MI)

Birth Date _____

Address _____

Zip Code _____

Information about Your Family

Father/Guardian's Name _____

Home Phone _____

Address _____

Zip Code _____

Where Employed _____

Business Phone _____

Mother/Guardian's Name _____

Home Phone _____

Address _____

Zip Code _____

Where Employed _____

Business Phone _____

Insurance Carrier _____

Policy # _____

Email Address _____

Information about Your Child:

Does your child have any known allergies: No _____ Yes _____

Explain: _____

Does your child have any chronic illnesses/conditions: No _____ Yes _____

Explain: _____

Please give any information concerning your child which will be helpful in his/her experience in group settings *(such as play, eating and sleeping habits, fears, special likes or dislikes)*.

Emergency Care Information:

Name of Child's Doctor _____	Office Phone _____	
Address _____		
Name of Child's Dentist _____	Office Phone _____	
Address _____		
Hospital Preference _____	Phone # _____	
If neither father/mother nor guardian can be contacted, call (please list relationship):		
Name _____	Home Phone _____	Office Phone _____
Name _____	Home Phone _____	Office Phone _____
If you cannot call for your child, please give the names of persons to whom the child can be released:		

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.		
_____		_____
(Signature of Parent)		(Date)
I, as the operator do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.		
_____		_____
(Signature of Operator)		(Date)