



THE MONTESSORI
SCHOOL of SANFORD

Where Potential Meets Success

Application Date _____

Date of Enrollment _____

Student's Application for Enrollment

To be completed and on file prior to enrollment

Name of Child _____ Birth Date _____
(Last) (First) (MI)

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). _____
