



**Children's House of Weld County: Montessori
Student Enrollment Application**

Child's Full Name: _____ Birthdate (mm/dd/yyyy): _____
Preferred Name or Name Child is Called at Home: _____
Circle One: Male / Female Circle One: Toilet Trained? Yes / No Religion: _____
Home Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone: _____

Circle One: Mother / Guardian Full Name: _____
Home Address: _____ City: _____ Zip: _____ Phone: _____
Occupation: _____ Business Name: _____ Work Phone: _____
Work Address: _____ City: _____ Zip: _____
E-Mail: _____ Cell Phone: _____

Circle One: Father / Guardian Full Name: _____
Home Address: _____ City: _____ Zip: _____ Phone: _____
Occupation: _____ Business Name: _____ Work Phone: _____
Work Address: _____ City: _____ Zip: _____
E-Mail: _____ Cell Phone: _____

Child's Physician: _____ Telephone: _____
Physician's Address: _____ City: _____ Zip: _____
Circle One: Do we have your permission to contact your child's physician in case of an emergency? Yes / No

Persons to contact in an emergency, in the event that the parents cannot be reached:

- 1. Name: _____ Relationship: _____
Address: _____
Phone: _____ Cell: _____
- 2. Name: _____ Relationship: _____
Address: _____
Phone: _____ Cell: _____

Names and ages of other children in the house: _____

Circle One: Has your child had previous Montessori experience? Yes / No Location: _____
Circle One: Has your child ever been enrolled in another school? Yes / No Reasons for Leaving: _____

Please list names of persons who are authorized to pick your child up from school. Children will not be released to anyone other than the following persons without written consent from the parent/guardian: _____

Circle One: Does your child have any special needs, allergies, medical needs, or illnesses that we should be aware of? Yes / No
Please explain: _____

Signature of Mother/Guardian: _____ Date: _____

Signature of Father/Guardian: _____ Date: _____

OFFICE USE ONLY	
Application Received:	Interview:
Application Fee:	Date Accepted:
Program:	Start Date: