

Montessori School of Orlando

Application for Enrollment

Student Information

Childs Name: _____

Child's Nickname: _____

Date of Birth: _____ Age: _____

Gender: Male Female

Childs's Physical Address: _____

City: _____ Zip: _____

Office Use Only

Date of Enrollment: _____ Start Date: _____

Reg. Fee paid: _____ Security Deposit paid: _____

Program Enrolled : _____

FL Immunization Cert. (blue form) exp: _____

FL Physical Exam Form (yellow form) exp: _____

CCS RR/R/O

EMAIL ACC/L EMD

ATTENDANCE NL

CAR TAG HL

ACCEPTANCE

Family Information: Child lives with: Both parents Mother Father Grand Parents Other: _____

Mothers Name: _____

Father's Name: _____

Address: _____

Address: _____

City: _____ State/Zip: _____

City: _____ State/Zip: _____

Home Phone: _____ Cell: _____

Home Phone: _____ Cell: _____

Occupation: _____

Occupation: _____

Business Name & Address: _____

Business Name & Address: _____

Work Phone: _____

Work Phone: _____

Work Hours: _____

Work Hours: _____

Email Address: _____

Email Address: _____

Medical Information:

Does your child have any **allergies or physical/medical conditions** which should be brought to our attention? Yes No

If Yes, please explain: _____

Has your child been identified as having a **learning disability or other special need**? Yes No If Yes, please explain:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Any fears or anxieties? No Yes: _____

Is your child Potty Trained? Yes No Hobbies/Activity child enjoys: _____

Has your child attended any other Childcare or Pre-School Program? Yes No If Yes, Name of School or Day care,

_____ reason for leaving: _____

How did you hear about Montessori School of Orlando? Referred by: _____ Internet Search Flyer

Coupon Orlando Kids Directory Other _____

Contacts:

Your child will be released ONLY to the custodial parent or legal guardian and the persons listed below:

The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached. The people on this list must be at least 18 years of age. Anyone picking up the child must be prepared to show a picture Identification.

Name/Relationship	Address	Cell/work no.	Home No.
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Helpful information about your child:

Section 65C-22.006 (2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.31 25(5), F.S., requires that parents receive a copy of the Child Care/School Brochure "Know your child care facility".

Section 65C-22.006(3)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility/school.

Print Name of Parent/Legal Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____