

St. Francis Montessori Christian School

Enrollment Application

Half Day (9:00-12:00) _____

Full Day (9:00-3:00) _____

Please check one

Child's Name _____

Child's Address _____

Date of Admission _____

D.O.B. _____

Child's Home Tel. No. _____

Date of Withdrawal _____

Father's Name _____

Address (if different from child's address)

Occupation _____

Name of Employer _____

Business Address _____

e-mail _____

Tel. No. _____

Mobile No. _____

Work No. _____

Mother's Name _____

Address (if different from child's address)

Occupation _____

Name of Employer _____

Business Address _____

e-mail _____

Tel. No. _____

Mobile No. _____

Work No. _____

Give names of people to call in case of emergency if parents cannot be reached:

Name	Telephone No.	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and/or any other information which the staff should be aware of :

Has your child ever attended school/daycare before? Yes _____ No _____ Where? _____

Name of siblings: _____ Age: _____

What is the child's primary language? _____

Describe your child:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:		
Name of Physician:	Address	Ph. #
_____	_____	_____
Name of Hospital:	Address	Ph. #
_____	_____	_____
I give consent for this facility to secure any and all necessary medical care for my child		_____
Signature-Parent or Legal Guardian		

I hereby authorize the childcare facility to allow my child to leave the childcare facility ONLY with the following persons:

Name	Phone Number
_____	_____
_____	_____

I understand that I will be providing a lunch for my child every day and that the school is not responsible for its nutritional value or for meeting the child's daily food needs.

Signature-Parent or Legal Guardian _____
Date