

Application Date _____ Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT at The Garden

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY: Primary Contact (who to call first): _____

Father/Guardian's Name _____ Home/Cell Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home/Cell Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Preferred Email Address (required): _____

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 experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home/Cell Phone _____ Office Phone _____

Name _____ Home/Cell 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 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)

Please Check Below which program(s) you are interested in for your child:

- Toddler Community 5 day (Ages 18m-36mo; Mon - Fri) Primary Half Day (Ages 3 - 4 yr Mon-Fri)
 Toddler Community 3 day (Ages 18m-36mo; Tues-Thurs) Wild Hearts Nature Preschool 5 day (Ages 3-5 yr; Mon-Fri)
 Toddler Community 2 day (Ages 18m-36mo; Mon & Fri) Wild Hearts Nature Preschool 3 day (Ages 3 - 5 yr Tues-Thurs)

Enrollment Term School Year Summer Camps
(one or both):

Enrollment Information (please select all that apply):

---My child has _____ years previous Montessori experience.

---My child is the sibling of a child who is enrolled at The Garden and/or MMCS.

---My child is potty trained.

You may submit your application electronically, but a \$75.00 application fee is required.
Submit your check or money order by mail to the address below:

The Garden
PO Box 1105
West End, NC 27376