

Application Date _____ Date of Enrollment _____

The Garden Montessori CHILD'S APPLICATION FOR ENROLLMENT

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, behavior concerns or special needs: 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: (please note all of our programs are part-time; see website for hours for each program)

- Toddler Community 5 day (Ages 18m-36mo; Mon - Fri)
- Toddler Community 3 day (Ages 18m-36mo; Tues-Thurs)
- Toddler Community 2 day (Ages 18m-36mo; Mon & Fri)
- Primary Half Day at MMCS (Ages 3 - 4 yr Mon-Fri)
- Wild Hearts Nature School 5 day (Ages 3-5yr; Mon-Fri)
- Wild Hearts Nature School 3 day (Ages 3-5yr; Tues-Thurs)
- Wild Hearts Nature School 2 day (Ages 3-5yr; Mon & Fri)
- Wild Hearts After School (Ages 3-5yr; 1-3pm; select days below)

Enrollment Term: 2019-20 School Year
2020-21 School Year
2019 Summer Camps
Future Term (please specify) _____

M T W R F

- Enrollment Information (please select all that apply):
- My child has 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
 - I have attended an information session for the program of my choice
 - I have read & agree to the policies, terms and conditions listed in the handbook

*please note priority placement is offered for those who have attended an information session, please request a private tour if you are not relocating to the area
To be considered for placement, please submit this form along with the \$75.00 Application Fee to:

The Garden
PO Box 1105
West End, NC 27376