

THE MONARCH MONTESSORI SCHOOL
APPLICATION FORM – Fall 2020 Programs
TODAY'S DATE: _____



Parent Program Desired 1st choice _____ 2nd choice _____
Before and After School Care: _____

Child's Date of Birth: [/ /]

Home Phone: _____
Cell Phone: _____
Cell Phone: _____

Child's Full Name: _____
First Middle Last Nickname

Parent(s)/Legal Guardian(s): _____
Marital Status: ___ (If separated/divorced, please attach a copy of the custody agreement)

Home Address _____ Email: _____
Zip Code _____

Mother's Employer, Address and Phone

Work Hours _____ to _____

Father's Employer, Address and Phone

Work Hours _____ to _____

Members of the household and their relationship: _____

Previous school/group experiences _____

Current or previous Monarch Montessori Students you know: _____

In an Emergency Call (other than parent): Name: _____ Relationship to child _____ Phone: _____
Who is authorized to pick up your child: Name: _____ Relationship to child _____ Phone: _____
Who MAY NOT pick up your child: _____ Relationship _____

Please describe any food allergies: _____

Please describe any seasonal allergies: _____

Has your child ever been hospitalized? _____

Has your child ever had a serious illness? _____

Please briefly describe your child's birth and developmental progress. Full term birth or premature? Did they crawl? At what age did they potty train? Walk? Talk?

Does your child have any special bathroom habits or words that the teacher needs to be aware of? _____

Does your child have any specific fears? (dogs, masks, thunder, etc.) _____

Do you have any special hobbies or interests you might want to share with your child's class? (Foreign language, dentistry photography, magic tricks, carpentry, etc.) _____

What goals do you have for your child? _____

Please note: All parents are required to provide a nutritious snack for your child's class on a rotating basis. A snack schedule and guidelines for snack will be provided at the beginning of the school year.

PLEASE READ CAREFULLY AND SIGN BELOW:

We, the parents/guardians of _____, hereby give our approval to his/her participation in the activities and special events of the Monarch Montessori School during the 2020 - 2021 school year. We assume all risks and hazards incidental to such participation, including transportation to and from these activities; and

We do hereby waive, release, absolve, indemnify and agree to hold harmless Monarch Montessori, Inc., The Monarch Montessori School, the teachers, organizers, sponsors, participants and persons involved in the activities of the School and persons transporting our child to and from activities from any claim arising out of injury to our child.

DATE _____ PARENT SIGNATURE _____

DATE _____ PARENT SIGNATURE _____

DATE _____ DIRECTOR SIGNATURE _____

Office Use:	
App fee: \$ _____	Rec'd _____ Cash/Ck # _____
Interview Date/Time: _____ / _____	
Placement Recommendation: _____	