

# Montessori North School

Joy of Learning & Love of Life since 1983

Office Use Only

## Application Form

Date of Admission: \_\_\_\_\_

Date of Release: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
First Name Last Name

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Day Month Year on admission date

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Parents:**

Father's Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Pick and Drop:**

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Please indicate who will be picking up your child: \_\_\_\_\_

### **Medical:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Other relevant information regarding rest/diet/exercise: \_\_\_\_\_

### **Emergency:**

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name of Person other than the Parent or Doctor

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_  
Mobile Work Home