

Montessori Children's Centre Enrollment Application

3 Yount Drive Bloomington, IL 61704 (309) 663-8736

mccmontessori@gmail.com

www.montessorichildren.net

CHILD:

Full Name (First, Middle, Last) Preferred Name

Male _____ Female _____

Birth date

Home Address

City State Zip Home Phone

PARENT/GUARDIAN:

Marital Status _____

Name

Home Address

City State Zip Home Phone

Place of Employment Occupation

Employment Address Work Phone

Cellular Phone E-mail Address

PARENT/GUARDIAN:

Marital Status _____

Name

Home Address

City State Zip Home Phone

Place of Employment Occupation

Employment Address Work Phone

Cellular Phone E-mail Address

In Case of an Emergency (if parents cannot be contacted)

Emergency Name Home Phone Work Phone

Address City State Zip

Physician Name Phone

Address City State Zip

I am interested in (check all that apply): 5 Day 3 Day (M/W/F) 2 day (T/Th)

Our weekly newsletter will be sent to the email addresses listed on the front of the application unless otherwise specified here _____

List names and ages of siblings _____

Please list any allergies (food, medications, insects) or food restrictions (vegetarian, etc.) your child has _____

Are there any special educational, physical, or emotional needs of your child? _____

Yes, I understand the hours of Montessori Children Centre are from 7:00 a.m. to 5:00 p.m.

Name of program(s) in which your child has been enrolled (currently or previously) _____

Why do you want your child enrolled in Montessori Children's Centre?

Did someone refer you to Montessori? If so, we would like to know the names of those who referred you so we can show our appreciation. _____

Have you heard about Montessori Children's Centre in another way? Check all that apply:
 Facebook/Instagram website saw school/sign Yelp open house advertisement
 other: _____

What information can you give to help us know your child better? _____

RETURN THIS APPLICATION TO RESERVE A POSITION ON THE WAITING LIST AT THE MONTESSORI CHILDREN'S CENTRE. ADMISSION WILL BE MADE BASED ON THE AVAILABILITY OF SPACE AND DATE OF RECEIPT OF THE APPLICATION FOR ADMISSION. SIGNATURE OF THIS APPLICATION ACKNOWLEDGES RESPONSIBILITY FOR THE PROMPT AND COMPLETE PAYMENT OF TUITION FOR THE APPLICANT.

Parent(s)/Guardian(s) Signature

Date

Parent(s)/Guardian(s) Signature

Date