



Application Date: _____

Program Applying For:

Newborn – 12 months	12-24 months	Toddler Program	Early Childhood Program
Full-Day 7-4: _____ Full-Day 7-6: _____	Full-Day 7-4: _____ Full-Day 7-6: _____	Full-Day 7-4: _____ Full-Day 7-6: _____	Full-Day 7-4: _____ Full-Day 7-6: _____
Half Day 9-11:30: _____ Half Day 9-1:00: _____	Half Day 9-11:30: _____ Half Day 9-1:00: _____	Half Day 9-11:30: _____ Half Day 9-1:00: _____	Half Day 9-11:30: _____ Half Day 9-1:00: _____
Days Per Week: _____	Days Per Week: _____	Days Per Week: _____	Days Per Week: _____

Student Information:

Student Name: _____

(Last)

(First)

(Middle)

(Preferred name)

Home Address: _____

Date of Birth: _____

Home Phone: _____

Family Information:

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Physician Name: _____

Phone Number: _____

Emergency Contact/Permission for Pick-Up:

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

WE ARE A NUT FREE SCHOOL, please list any allergies/dietary restrictions:

In the event that parents cannot be reached, Magnolia Montessori School has my permission to contact Dr. _____ at phone number: _____. In the event that the physician cannot be reached, Magnolia Montessori School has my permission to seek emergency medical treatment at the nearest hospital.

In order to validate your child's enrollment, please return this application with:

- **One month's deposit, which is used for the last month of the school year (June).**
- **An additional month's payment because each month of school is paid in advance.**
- **Annual activity fee**

Parent/Guardian Signature: _____