



Registration Application

Please include a non-refundable application fee of \$75 when submitting your child's registration.

Application Date: _____

Anticipated Start Date: _____

Child's Name: _____ Preferred Name: _____

Date of Birth: _____ Age on September 1, 202__ : _____ Sex: M or F

Home Address: _____ Zip: _____

Mother's Name: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____ Home Phone: _____

E-mail Address: _____

Emergency Contact if Parents Cannot Be Reached:

Name: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Child's Physician: _____ Phone: _____

Program Options: (Please circle one)

Infant Toddler Early Childhood (3-6)

Schedule Options:

___ 5 Half Days 3 or 4 Half Days 2, 3 or 4 School Days 2, 3 or 4 Full Days

M T W T H F

M T W T H F

M T W T H F

___ 5 School Days 1st Choice: _____ 1st Choice: _____ 1st Choice: _____

___ 5 Full Days 2nd Choice: _____ 2nd Choice: _____ 2nd Choice: _____

Written Consent:

Written Consent is given for:

Emergency Medical Care

*Consent for emergency medical care is required for enrollment. If there is any sort of medical emergency requiring the provider to call 9-1-1, we will do so and contact parents.

Administration of Prescription Medication Of Non-Prescription Medication

*Medication is provided by parents and given only at the request of a parent who completes and signs an additional medication form.

Application of Sunscreen

Application of Bug Spray

Online Photo Permission Yes No

*Throughout the course of the year, the teachers take photos of the children doing various classroom and playground activities. Please indicate whether or not you would like your child's photographs displayed on A Little Journey Montessori School's online media pages such as; school website, school Facebook page, and school Instagram page. (Children's name's will not be included).

Please sign below acknowledging that all information above is correct and that you have thoroughly read the parent handbook and understand the school policies and the termination policy.

Signature: _____ Date: _____