



# Registration Application

Please include a non-refundable application fee of \$100 when submitting your child's registration application along with the parent contract and policy acknowledgement form to be considered for enrollment.

Application Date: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M or F Race/Ethnicity: \_\_\_\_\_

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)

**Nido (12 weeks-23 months)    Pre-Primary (2-3)    Primary (4-6)**

## Schedule Options:

___ <b>5 Half Days</b>	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
___ <b>5 School Days</b>	1st Choice: _____	1st Choice: _____	1st Choice: _____
___ <b>5 Full Days</b>	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 immediately.

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).

Our classroom pets are Miss Stephany's friendly dogs! While they are not in the classroom everyday, they do visit on a somewhat frequent basis. Please indicate whether or not your child has an allergy to dogs that we should be aware of.

Yes       No

### Individual Personal Care Plan:

*\*This personal care plan helps us get to know your child and your family in order to provide the best individualized care that we can.*

### **FAMILY INFORMATION:**

**With whom does your child live? (circle one)**

Both Mother and Father      Mother Only      Father Only      Other: \_\_\_\_\_

**Are there any custody or visiting arrangements that we should be aware of?**

**Does your child nap regularly?**

No    Yes   Length of nap? \_\_\_\_\_ How many naps per day? \_\_\_\_\_

**SOCIAL RELATIONSHIPS:**

**Has your child had experience playing with other children?**

**Has your child had any previous child care or preschool experience?**

**Where did your child attend?**

**Did the previous child care meet your needs and expectations?**

**Would you characterize your child as...**

friendly    aggressive    shy    withdrawn    other: \_\_\_\_\_

**Does your child prefer to play...**

alone    in small groups

**Is there anything that we should know about your child and/or your child's needs?**

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: \_\_\_\_\_