

Community Montessori School of Bisbee

Application for Enrollment

Location : 1900 S Naco Hwy Mailing Address : Box 524, Bisbee AZ, 85603

Preferred school start:  late August  September  November  January

Are you able to consider a different start-date if necessary:  Yes  No

Caregiver(s) #1 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

*Please check preferred means of contact.*

Caregiver #2 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

*Please check preferred means of contact.*

Student's name: \_\_\_\_\_

boy  girl Date of birth: / /

My child currently uses the toilet independently:

yes  most of the time  sometimes  not yet

If yes or mostly, since when? Approximate date: / /

Allergies, please note any prescriptions: \_\_\_\_\_

\_\_\_\_\_

Health conditions, please note any prescriptions: \_\_\_\_\_

\_\_\_\_\_

Behavior or emotional issues at the current time (*so we can be of assistance*):

\_\_\_\_\_

Anything else? : \_\_\_\_\_

\_\_\_\_\_

**Send completed application to: CMS Attn: Director, Box 524, Bisbee AZ 85603 or BisbeeMontessori@gmail.com**

*CMS shall not limit admission based on race, ethnicity, national origin, gender, income level, religious preference or proficiency in the English language.*