

South Metro Montessori School - Enrollment Application

Child's name: _____

Birth date: _____ Age _____ Sex _____

Address _____

City: _____ State: _____ Zip: _____

Check the days your child will attend: M__ T__ W__ TH__ F__

Hours Needed each Day: _____

Starting Date: _____

Child Lives with: Father _____ Mother _____ Both _____ Other _____

Person(s) legally responsible for child: _____

Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Day phone: _____

Email: _____

Mothers Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Day phone: _____

Email: _____



In case of emergency or illness I authorize the following person(s) to act on my behalf if I cannot be reached. **Must list two.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Day phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Day phone: _____

I hereby authorize SMMS to make whatever emergency (first aid, disaster evacuation) measures judged as necessary for the care and protection of my child while under the supervision of SMMS. In case of medical emergency, I understand that my child may be transported to an appropriate medical facility by the local emergency unit for treatment, if deemed necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact 911 before the parent, child's physician, and/or other adult, acting on the parent's behalf can be reached

Parent Name (print): _____

Parent signature: _____



Child's doctor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Dentist: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies: _____

Health/Medical Concerns:

Ongoing Medications:

Is a modified diet necessary? No ___ Yes ___

If Yes, Explain: _____

Is any condition present that might result in an emergency: No ___ Yes ___

If Yes, Explain: _____



Persons authorized to pick up my child:

Name: _____

Name: _____

Persons not authorized to pick up my child:

Name: _____

Name: _____

Other Information helpful to the school program:

How did you hear about SMMS? (Check all that apply)

Internet Search ____

Facebook ____

Drive By ____

Personal Reference (who?) _____

Other (please specify) _____

Parent Signature: _____ Date _____

