

MONTESSORI CENTER SCHOOL, INC.

8625 NORTH 19TH AVENUE, PHOENIX, ARIZONA 85021 (602)678-4470

Registration fee of \$100.00 received _____

Please print all information!

I wish to place my child at the Montessori Center School beginning _____

I have selected the Half Day Full Day Extended Day Program for my child. (circle one)

Child: _____
Last name First name (Nickname) Middle name Birth date

Address: _____
Street Apt. # City Zip code Home phone

Father:
Name _____
Occupation _____
Name of Company _____
Business Phone _____

Mother:
Name _____
Occupation _____
Name of Company _____
Business Phone _____

Emergency Information:

If neither parent can be reached, who can we contact in case of an emergency?

Name Phone Relationship to Child

Medical Information:

Please describe, in detail, any medical condition your child has (including food/medication allergies, seizures, etc.). Use additional sheets of paper if necessary.

Child's Personal Information:

Parent's Marital Status: Married Separated Divorced Single
If divorced with whom does child generally live? _____ Age of child at time of divorce? _____
Are parents remarried? Father _____ Mother _____ Age of child at time of remarriage _____
Is either parent deceased? _____
Is either parent away from home for long period of time? _____
Is the child adopted _____ At what age? _____ Is child aware of adoption? _____
Is the child regularly cared for by anyone other than parents? _____
Name of care giver _____ What portion of the day? _____
In his home? _____ If not, where? _____
Child lives in: House _____ Apartment _____ Other _____ Is there a yard to play outdoors? _____
Does child have a room alone? _____ Shares room with _____

Describe the child's play activities:

Outdoors _____

With other children _____

Favorite Activities: _____

Favorite toys and books: _____

How much T.V. does child watch? _____ What programs? _____

How does the child get along with parents? _____ With siblings? _____

How does the child get along with other children? _____

Has the child attended school before? _____ Where? _____

What is your reason for choosing a Montessori School?

How did you hear about our school?

The Montessori Center School strongly endorses a three year program to provide maximum advantage of the Montessori method, including the kindergarten year.

A two year program is the minimum recommended enrollment, unless of course the child has had previous Montessori. How long do you intend to leave your child in a Montessori School? _____

Other children in the family:

Name	Age
_____	_____
_____	_____
_____	_____

Other members of the household (grandparent, housekeeper, etc.):

Name	Relationship
_____	_____
_____	_____

Remarks:

Signature of Parent or Guardian: _____

Date: _____