

# MONTESSORI CENTER SCHOOL, INC.

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

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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: \_\_\_\_\_