

Little Yorkers Montessori

Office Only: Reg SD Imm
PH EC Ph #s.

ENROLLMENT APPLICATION Date: _____

13233, West Little York Rd, Houston, TX
77041 713-937-1816

Child's Last Name	First	MI	Other Name	Date of Birth	AGE	Sex M <input type="checkbox"/> F <input type="checkbox"/>
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Home Address	City, State, Zip	Home Phone
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PARENT/LEGAL GUARDIAN INFORMATION: Child lives with Father Mother Both Other

Mother's Name	Daytime Ph	Cell Ph/pager
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Home Address	City, State, Zip	E-mail	Home Ph
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Employer's Name	Occupation
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Employer's Address	City, State, Zip	Work Ph
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Father's Name	Daytime Ph	Cell Ph/pager
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Home Address	City, State, Zip	E-mail	Home Ph
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Employer's Name	Occupation
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Employer's Address	City, State, Zip	Work Ph
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AUTHORIZED PICK UP: (Other than Parents)

Name:	Relationship:	Ph#	Cell
Name:	Relationship:	Ph#	Cell

EMERGENCY CONTACT: (Other than Parents)

Name:	Relationship:	Ph#	Cell
Name:	Relationship:	Ph#	Cell

PROGRAM (Circle) M Tu W Th F 3 / 5 Day 9:00-12:00 8: 8:30-2:00 6:30 - 6:30

WATER ACTIVITIES: I hereby give do not give - my consent for my child to participate in water activities:
 sprinkler play splashing/wading pools swimming pools water table play

FIELD TRIPS: I hereby give do not give - my consent for my child to participate in Field Trips: (No trips for toddler/transition class)

PHOTOGRAPHS: I hereby give do not give - my consent for my child to be photographed.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

Name of Physician:	Address	Ph #
Name of Hospital:	Address	Ph #

In the event of an accident or sudden illness, I, the undersigned, do hereby authorize the Director and/or Staff representing Little Yorkers Montessori School Inc., or an emergency vehicle to transport my child to the nearest hospital and to render any and all necessary emergency treatment to my child. I, the undersigned, hereby authorize the Director and/or Staff representing Little Yorkers Montessori School Inc., to undertake any/all emergency measures (fire, evacuation, first aid) necessary for my child's safety, while the child is in the school. I fully understand that payment for emergency medical treatment (medical, hospital, or ambulance) is the sole responsibility of the Parent/Guardian. I will not hold the school, Director, and/or Staff financially responsible for my child's emergency care.

Signature - Parent/Legal Guardian

Date

Monthly tuition fee includes all school holidays and will not be pro-rated if your child does not attend school due to sickness, vacation or school holidays. Tuition will be accepted by check, money order or cashiers check only. Late fees and returned check charges will be applied as per Tuition Agreement. All tuition for the month must be paid in full on or before the 15th of the month or your child may not attend school. Annual registration and material fee is non-refundable and is due with enrollment form. Fees will be accepted by check or money order only. Security deposit is due at time of enrollment. One month written notice must be given for withdrawal or fees for that month will be due. A new registration fee will be required to re-instate a returning student.

RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the operational policies including those for discipline, guidance, and the financial agreement. I hereby agree to read, follow and abide by the school policies at all times.

Signature - Parent/Legal Guardian

Date

Enrollment/Enrollment form 04.xls

Child's name _____ DOB _____ Enrollment Date _____

1. Do you read to your child? Yes No 2. Your child enjoys playing with: _____

3. Can your child dress him/herself? Yes No 4. Does your child stay with a sitter? Yes No

5. Is your child toilet trained? Yes No 6. Any toileting concerns: _____

7. Does your child watch TV? Yes No. How many hours per day? _____ Which Programs?_____

8. When is bed time? _____ Wake up? _____ Nap _____ Does your child sleep in their own bed? Yes No

9. Does your child feed him/herself? Yes No. Drink from a bottle? Yes No. If yes when? _____

10. Does your child eat his/her meals at a table? Yes No. If no explain: _____

11. What does your child eat for breakfast? _____ 12. List favorite foods: _____

Foods your child may not eat: _____

13. Who lives in your household? Please give ages of siblings, and any other info that might help us to know your family better.

14. Does your child hear/speak more than one language at home? Yes No. If yes explain: _____

15. Any Divorce/Custody issues? Yes No. If yes explain: _____

16. What type of discipline do you use at your home? Please give examples... _____

17. Circle all that Apply: Medication taken regularly Allergies Asthma ADD/ADHD Dyslexia Learning Disability

Chronic Illness Special Needs Premature Birth Hospitalization/Surgery Previous Illness/Injuries Other

Concerns about: Hearing Vision Speech Development - Physical/Social/Emotional Other

Please explain fully all that are circled: _____

18. Allergies/Restrictions to food, medication, insects, other: _____

19. Circle if any of the following run in your family: Color blindness ADD/ADHD Dyslexia Autism LD Other

Please explain fully all that are circled: _____

20. Describe your child's personality: _____

21. Please provide any information to help your child make a smooth transition in school: _____

22. Has your child attended any other pre-school? Yes No. If yes please give name and address: _____

23. Why did you choose Montessori? _____

24. Are you seeking Montessori kindergarten? Explain your long term Goal for your Child.