

## Application for Admission

A \$50 (\$75 after April 1) non-refundable registration fee is required with this application.

Student Information					
Name:					
First	Middle	Las	t		
Prefers to be called:	Date of Birth: Sex:		Sex:		
Address:	City: _		State:	Zip:	
Desired Program					
3 half days - circle <u>AM</u> or <u>PM</u>	5 half days	- circle <u>AM</u> or <u>PM</u>	🗌 5 full days		
Family Information					
Parent Name:		Parent Name:			
Address:		Address:			
Email:		Email:			
Cell Phone:		Cell Phone:			
Home Phone:		Home Number:			
Work Phone:		Work Phone:			
Preferred to be contacted at Cell Home	e 🗌 Work	Preferred to be cont	acted at Cell	Home Work	
Occupation/Title:		Occupation/Title:			
Employer:		Employer:			
Emp. Address:		Emp. Address:			
Marital Status:					
Who has custody?					
Parent Signature					

A \$50.00 (\$75.00 after April 1) non-refundable registration fee is required with this application for all programs. I understand that a parental observation of a classroom session is a prerequisite for admission.

Parent's Signature\_\_\_\_\_

\_\_\_ Date\_\_\_\_

(Please complete the back page)

## **Medical Information**

Allergies/Medical Conditions:	
Health/Dietary Restrictions:	
Name of Doctor:	Phone:
Name of Dentist:	Phone:
<b>Emergency First Aid:</b> As a parent or legal guardian, I authorize treatment of emergency medical technician in case of an emergency which, in the opinion of disfigurement, physical impairment, or undue discomfort if delayed. This authorith release form is completed and signed of my own free will with the sole purpose of absence. I realize that medical treatment is not provided by Beverly Montessori S provided.	of the attending physician or technician, may endanger the student's life, cause y is granted only after a reasonable effort has been made to reach me. This of authorizing medical treatment under emergency circumstances in my
Parent/Guardian Signature:	Date:
Parent Que	estionnaire
Is your child toilet trained? Y N Does you	ur child nap? Y N When?
Names and ages of siblings:	
Please tell us a bit about your child (likes/dislikes/interests	s/special needs):
What activities does your family enjoy together?	
How do you discipline your child?	
Has your child been in a situation without you? Y N Ple your child's reactions to these:	
Where did you first learn about Beverly Montessori Schoo	۱۶
What attracted you to the Montessori philosophy?	
What questions do you have about Montessori Education	n?
What are you looking for in a school and why might Beve	erly Montessori be a good fit for your family?