



Primary Montessori Application Form

Child's Name

Address Sex M F

Home Phone Date of Birth Desired date of enrolment

Mother's Name

Employer's Name

Employer's Address

Work Phone Mobile Phone Work Hours

E-mail Address

Father's Name

Employer's Address

Work Phone Mobile Phone Work Hours

E-mail Address

Marital Status Legal Guardian of Child

Child's emergency contact, other than parents

Name Telephone Relationship

Persons (other than parents) authorised to pick up your child

Name Relationship

Name Relationship

Name Relationship

Child's Doctor

Address

Telephone Mobile Phone Work Hours

E-mail Address

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Has your child previously attended preschool?

Is your child completely toilet trained?

Do you expect your child to nap here?

Child's Strengths

Child's Weaknesses

Child's Interests

Big events in your child's life

Any known allergies

Any known health conditions or special needs condition. *(Please provide further details and attach a diagnosis' report where required)*

Child's Doctor

Telephone

Email

Describe any social, emotional or physical needs your child may have

Name and Ages of Siblings

Child's previous school

Reason for leaving

What goals do you have for your child that you hope will be attained at **The Learning Place**?

How did you learn about **The Learning Place**?

Why did you choose **The Learning Place** for your child?

Please note that a non-refundable application fee is payable upon submission of this form.

Upon acceptance of your child, a non-refundable enrolment fee, also stated in the fee structure becomes due.

Signature of Parent or Guardian

Date

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