

Montessori Infant & Toddler School (MITS)

Enrollment Application

SY 2018 – 2019

This information will be held confidential and only be released by signed consent of parent or guardian. Failure to provide complete and accurate medical or behavioral information for your child will be grounds for non-admission or dismissal from the Montessori Infant & Toddler School.

Date of application _____ How did you hear about our school? _____

Please indicate in which program your child will be enrolled for this academic school year:

Infant (6 weeks – 18 months) – Program runs August 6, 2018 to July 27, 2019

Toddler (18 months – 3 years) – Program runs August 6, 2018 to May 24, 2019*

**For optional Summer 2018 toddler care, please complete the separate summer camp enrollment form*

Full-Day Program (7:00 a.m. – 6:00 p.m.) The toddler class begins at 8:30 a.m. and ends at 2:30 p.m.

Student's Name _____ Male Female

Address _____ City _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____

Primary Sponsor

Name & Title (Mr./Mrs./Ms./Dr./Other) _____ Work Phone _____

Address _____ City _____ Zip _____

(If different from child)

Email _____ Place of Employment _____

Cell Phone _____ Preferred Phone _____

Secondary Sponsor

Name & Title (Mr./Mrs./Ms./Dr./Other) _____ Work Phone _____

Address _____ City _____ Zip _____

(If different from child)

Email _____ Place of Employment _____

Cell Phone _____ Preferred Phone _____

Child lives with: both parents mother father step-parent other _____

Please fill out the reverse side to complete this application.

Please answer the following behavioral and medical questions:

Diet: Breastfeeding* Formula Soft Foods Solid Foods (*Select all that apply*)

*If breastfeeding during the day, when can the mother be expected at the school: _____

Eating Habits: Good Poor **Toilet Learned:** Yes No

Sleeping Habits: Falls asleep easily Falls asleep with difficulty Wakes easily Wakes with difficulty Naps during the day: What times? _____

Check illnesses your child has had: Chicken Pox Diphtheria German Measles Measles
 Mumps Tonsillitis Whooping Cough Asthma Typhoid Scarlet Fever Tuberculosis
 Polio Ear Infections Allergies* _____

*Listed food allergies require a physician's diagnosis and treatment plan to be submitted with application.

Does your child have vision difficulties? _____ Does your child have hearing difficulties? _____

Does your child have speech difficulties? _____ Does your child attend speech classes? If yes, when and where? _____

Has your child been referred for testing for any learning difficulties? _____

Has your child been diagnosed by a health professional for any learning difficulties? Yes No

Is your child presently under the care of a physician, psychologist, or therapist? _____ If so, why?

Does your child take medication on a regular basis? _____ If so, list the medication by name and describe why your child takes it: _____

Does your child wear any special appliances or equipment which will be worn at school including dental appliances? _____

Are there any past or present family situations that could impact your child's attendance, behavior, or stress level? _____

I certify that the above information is complete and accurate to the best of my knowledge. If there are any changes during the school year, I understand that it is my responsibility to notify the school.

Signature of Parent/Guardian _____ Date _____