

# Montessori Infant & Toddler School

## Enrollment Application

SY 2024 – 2025

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 – 24 months) – Program runs August 6, 2024 to July 31, 2025

Toddler (24 months – 3 years) – Program runs August 6, 2024 to May 23, 2025\*

*\*For optional Summer 2024 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 (Parent/Guardian)

Name & Title (Circle: Mr./Mrs./Ms./Dr.) \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

*(If different from child)*

Email \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone \_\_\_\_\_ Preferred Phone \_\_\_\_\_

### Secondary Sponsor (Parent/Guardian)

Name & Title (Circle: Mr./Mrs./Ms./Dr.) \_\_\_\_\_ 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: \_\_\_\_\_

I understand that MITS is not responsible for the nutritional value of meeting my child's daily food needs for meals or snacks I provide. (Initial) \_\_\_\_\_

**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? \_\_\_\_\_

Is your child presently under the care of a physician 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 \_\_\_\_\_