



## ENROLLMENT APPLICATION

**Please submit one page for EACH child applicant**

*Splendor Bilingual Montessori School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally made available to students at the school. Splendor Bilingual Montessori School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational and admissions policies, scholarship programs or other school administered programs.*

Child's name (last, first) \_\_\_\_\_

Other name(s) your child prefers to be called \_\_\_\_\_

Birth date (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female

Child's Health Care Provider \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Allergies \_\_\_\_\_

Reaction/Action to Take \_\_\_\_\_

What would you like us to know about your child? (Check all that apply and explain below)

Temperament  Learning style  Socialization style  Interests

Comments or additional information \_\_\_\_\_

Siblings' name	Age	School	Grade	Gender (M/F)

Previous Preschool Experience

School Name \_\_\_\_\_ Dates \_\_\_\_\_

School Name \_\_\_\_\_ Dates \_\_\_\_\_

Splendor Bilingual Montessori School • Enrollment Application

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

E-mail \_\_\_\_\_

Father's name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

E-mail \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

Marital status of parents:  Single  Divorced  Separated  Married

If separated or divorced, please explain the visitation arrangements for your child/children. If there has been a custody decision, please list the name(s) of persons NOT PERMITTED to pick up your child/children from school.

\_\_\_\_\_  
\_\_\_\_\_

Please list below, in preferential order, anyone other than yourself who has authorization to pick up your child/children in a case of medical emergency, or in the event that neither parent can be reached.

Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Name #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Name #3 \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

My child/children has permission to participate in any water activities (or little children pools) with Splendor Montessori. I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

Signature of Parent \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_