

Christots Montessori Day School

Child Enrollment Record



Application Date: _____ **Start Date:** _____ **Date Withdrawn:** _____

Days desired (circle): M T W T F Are you flexible on days? Y N

Drop off Time: _____ Pick up Time: _____ Date deposit paid: _____

Student Information:

Child's name: _____ Nickname: _____

Gender: _____ Date of Birth: _____

Parent's information:

Mother's name: _____ **Occupation:** _____

Employer: _____ **Work hours:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-mail address: _____

Father's name: _____ **Occupation:** _____

Employer: _____ **Work hours:** _____

Home Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-mail address: _____

The State of Kansas requires that we obtain two emergency contacts with their full details:

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

Additional information:

Parents' marital status: Together Separated Divorced Widowed

If parents are separated or divorced, who has custody of the child? Father or Mother

Please list any other adults (i.e. grandparents, aunt, sister, other) who have a major part in your child's care and training at home: _____

Names and ages of siblings: _____

Did you have a normal pregnancy and delivery? _____

Is this your child's first separation from home? Y N

Does your child make friends easily? Y N If no, please share possible reasons why: _____

Please list any extra curricular activities (i.e. gymnastics, karate, dance, piano etc.): _____

May we have your church or religious affiliation? _____

Other languages spoken at home: _____

What time does your child get up in the morning? _____ Go to bed at night? _____

Does s/he usually take an afternoon nap? Y N If yes, how long? _____

Has your child ever had surgery? _____

What allergies does your child have? _____

Please list any physical, emotional or medical challenges your child is facing: _____
