

# Hickory Montessori School

*Application for Enrollment*

Application Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
(Last) (First) (MI)

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Does your child have any allergies? (Please Circle) Yes / No  
Explain:

Please give any special information regarding your child's experience in group settings. (eating and sleeping habits, special fears, special likes or dislikes)

Name of child's doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Phone: \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted call (list relationship):

_____	_____	_____	_____
Name	Relationship	Home Phone	Business Phone

_____	_____	_____	_____
Name	Relationship	Home Phone	Business Phone

If you cannot pick up your child, please give the names and relationships of persons to whom the child can be released:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I agree that Hickory Montessori School may authorize the physician of choice to provide emergency care in the event that neither the family physician nor I can be contacted.**

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

**Hickory Montessori School agrees to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, a responsible adult will supervise other children in the facility. Hickory Montessori School will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.**

\_\_\_\_\_  
(Signature of Owner) (Date)

***A non-refundable fee of \$100 is due at the time of registration. This will secure you child's place in our enrollment.***