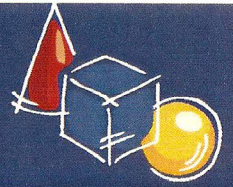


Coconut Grove Montessori School Enrollment Application



Start Date (Mo/Yr) _____ Campus: 27th Avenue _____ Bird Avenue _____

Half Day (8:30-11:30) _____ Full Day (8:30-2:30) _____ After Care Ages 3+ (2:30-6:00) _____

Name of Child _____ SOC. SEC. NUMBER _____

Sex _____ Present Age _____ Date of Birth _____

Home Address: _____

City, State, Zip: _____ Home Phone: _____

General Health of Child: _____ Allergies: _____ Fears: _____

Any Serious Illness or Accident: _____

Pediatrician: _____ Address: _____ Phone: _____

Previous Schooling? _____ Where? _____

Is child cared for by anyone other than his/her parents? _____ If yes, by whom? _____

Any background information that would be useful to child's school? _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

City, State & Zip: _____ City, State & Zip: _____

Business Phone: _____ Business Phone: _____

Pager/Cellular: _____ Pager/Cellular: _____

E-mail: _____ E-mail: _____

Are parents separated or divorced? _____ Custody: Both: _____ Mother: _____ Father: _____

How did you hear about our school? _____

Person to be notified if parents cannot be reached: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Permitted to remove child from school: Mother: YES _____ NO _____ Father: YES _____ NO _____

Other names allowed to remove child from school: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Parent's Signatures: Mother: _____ Date: _____

Father: _____ Date: _____

Two health Certificate (Immunization Schedule and General Health Form) from your pediatrician
and a non-refundable \$50 Application fee are to be attached.