



Coconut Grove Montessori School

Application for Admission

Start Date (Mo/Yr) _____ 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 _____ Birthdate _____

Home Address _____ Home Phone _____

City, State & Zip: _____ Email _____

General Health of Child _____ Allergies _____ Fears _____

Any Serious Illness or Accident _____

Pediatrician Name _____ Address _____ Phone _____

Previous Schooling? _____ Where? _____

Is child cared for other than parents? _____ If yes, by whom? _____

Father's Name _____

Home Address _____

Occupation _____

Business Address _____

City, State & Zip: _____

Business Phone _____

Mobile Phone _____

Email _____

Mother's Name _____

Home Address _____

Occupation _____

Business Address _____

City, State & Zip: _____

Business Phone _____

Mobile Phone _____

Email _____

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 persons allowed to remove child from school:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Parent Signatures:

Mother _____ Date _____

Father _____ Date _____

Two health certificates (immunization schedule and general health form) from your pediatrician and a non-refundable **\$50 Application fee** are to be attached.