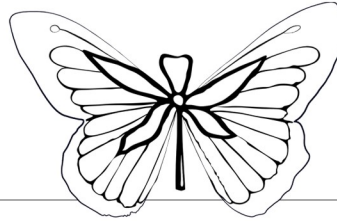


MAIN CAMPUS
(Private: 18 mos. - 4 yrs. ~ Charter: 5 - 12 yrs.)
2834 East Southern Avenue, Mesa, AZ 85204
(480) 926-8375 Fax: (480) 503-0515
montessorictr.org



NORTH CAMPUS
(Private: 2 - 4 yrs. ~ Charter: 5 - 12 yrs.)
815 North Gilbert Road, Mesa, AZ 85203
(480) 964-1381 Fax: (480) 668-5457
montessorictr.org

Montessori Summer Application for Admission

(Please return to the school office along with the summer camp contract)

MAIN CAMPUS ONLY

Child's Name: _____ Birth Date: _____ M F

Mother's Address: _____ Phone: _____
Street City Zip

Father's Address: _____ Phone: _____
Street City Zip

Single Married Separated Divorced Widowed

Country & State of Child's Birth: _____

Please indicate choice:

Toddler:
Primary/Elementary
Primary/Elementary

Morning _____
Morning _____
Full day _____

Full day _____
Afternoon _____

Father's Name (First, Middle Int., Last) _____ Occupation _____

Name of Firm _____ Business Phone _____

Mother's Name (First, Middle Int., Last) _____ Occupation _____

Name of Firm _____ Business Phone _____

Please list any other siblings in the family and their ages _____

Please list persons who are authorized to transport your child. Children will be released only to authorized persons.

- 1. Name _____ Phone _____
- 2. Name _____ Phone _____
- 3. Name _____ Phone _____
- 4. Name _____ Phone _____
- 5. Name _____ Phone _____

Are there any special conditions or circumstances involving your child that would be helpful for the staff to know about in working with your child?

Doctor _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Do we have permission to contact your doctor in an emergency? Yes No

Please indicate any significant illness, health conditions, or allergies your child may have.

Does your child take any medication? Yes No What kind? _____

Does your child have any known handicaps? Yes No please describe: _____

Do you give permission for the school to take your child to a hospital in an emergency where such action is deemed urgently advisable by the school staff?

Yes No Hospital _____

Do you give permission for your student to be photographed, videotaped and/or audiotaped and for the use of the resulting photographs/tapes: Yes No

Please provide the name and address of institutions where previous educational records can be obtained (Elementary).

Does your child have permission to participate in all field trips? This allows for spontaneous field trips such as nature walks, trips to the local park, etc. Yes No

With our signature below, we hereby grant permission for our child to use all of the play equipment and to participate in all school activities.

Immunization records *must* be supplied to the school upon enrollment. If you are in opposition to immunizations, we must have on file an affidavit signed by the parents stating that this practice is contrary to your beliefs.

Residency Documentation: Pursuant to ARS 15-802(B) Arizona Residency Documentation is required upon registration of your child in any Arizona public or charter school. Please fill out the attached Residency Documentation Form and return with a copy of one of the required documents listed on the Form prior to enrollment of your child.

Kindergarten date of birth cut off is December 31st.

Your child **will not be permitted** to attend school without these State required documents.

Father's social security number ____ - ____ - ____ Mother's social security number ____ - ____ - ____

Parent E-mail: _____ Parent E-mail: _____

Both parents/legal guardians are financially responsible for any and all school and/or classroom fees.

Parent Signature

Date

Parent Signature

Date