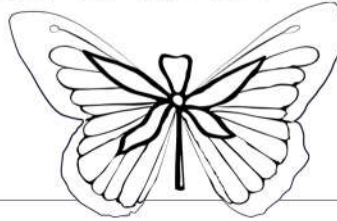


MAIN CAMPUS  
(Private: 18 mos. - 4 yrs. ~ Charter: 5 - 12 yrs.)  
2834 East Southern Avenue, Mesa, AZ 85204  
(480) 926-8375 Fax: (480) 503-0515  
montessorictr.org



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 age's \_\_\_\_\_

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?

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Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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

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Does your child take any medication? Yes  No  What kind? \_\_\_\_\_

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

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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

My child may 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.

**Current 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.

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

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