

COUNTRY DAY MONTESSORI SCHOOL OF RALEIGH

APPLICATION FOR ENROLLMENT

Today's Date _____ Enrollment Date _____ Program: FT or PT

Name of Child _____ Birthdate _____

Address _____ Male _____ Female _____ Age _____

Family Information:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Email _____ Cell Phone _____

Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Email _____ Cell Phone _____

Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

How did you hear about Country Day Montessori School?

___ Website/Internet ___ Advertisement ___ Friend/Referral _____ (name)

Does your child currently attend another school? _____ If so, reason for changing school:

Has your child ever attended a Montessori Program? _____

If so, which one? _____

Does your child have any developmental delays that you are aware of?

Does your child have any known allergies: No _____ Yes _____

If yes, please list: _____

COUNTRY DAY MONTESSORI SCHOOL of RALEIGH

Location: 708 Gannett Street, Raleigh, NC 27606 ♦ Mailing Address: 702 Gannett Street, Raleigh, NC 27606

Phone: 919.851.4054 ♦ Fax: 919.851.0940 ♦ URL: www.countrydaymontessorischool.com

Please give any information concerning your child which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or likes or dislikes):

Emergency Care Information:

Name of child's doctor _____ Office Phone _____

Address _____

Name of child's dentist _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

Emergency contact/drop off/pick up authorization:

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent

Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. CDM staff will not administer any drug or any medication, except in cases of emergency.

Signature of Operator

Date

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