

APPLICATION FOR ENROLLMENT

Enrollment date requested _____ Today's Date _____
Name of Child _____ Birthdate _____
Address _____ Male _____ Female _____ Age _____

Family Information:

Father/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Email _____ NC Driver's License # _____
Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____
Address _____ Zip Code _____
Email _____ NC Driver's License # _____
Where Employed _____ Business Phone _____
Insurance Carrier _____ Policy # _____

How did you hear about Country Day Montessori School?

Advertisement _____ Friend/Referral _____

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 dislikes 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 to emergency. In an emergency situation other children in the facility will be supervised by a responsible adult. CDM staff will not administer any drug or any medication, except in cases of emergency. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator *Date*