

AUTHORIZED PICK-UP (other than parents):

1. Name _____ Phone _____

Relationship to Child _____

2. Name _____ Phone _____

Relationship to Child _____

CHILD SPECIFICS:

Health Card Number: _____

Doctor's Name and Phone Number: _____

Allergies (Please describe allergies, specify if life-threatening or not):

Epipen: Yes ___ No ___

Dietary restrictions (allergies/religious): _____

Health Issues (Please list any pertinent health needs or conditions of your child such as lengthy illness, vision/hearing problems, etc.):

Medications (Please list name of medication and reason):

Other relevant information: _____

ATTENDANCE OPTION (please indicate):

Full-time 8:30 – 3:45 ___

Extended AM (pre-care) 7:30 – 8:30 ___

Extended PM (after-care) 3:45 – 5:30 ___

Payment Plan: Option A: lump sum ___ Option B: over 7 months ___

SIGNATURES:

Mother/Female Guardian

Father/Male Guardian

Date

Date

* Application must be accompanied by a non-refundable \$150 fee.

* Children must have completed the requirements of a Montessori Casa program or come for several visits in the Junior Elementary classroom prior to acceptance.

* Previous school records must be submitted prior to acceptance.