



Application for Child Enrollment

To be completed by parent or guardian

A \$50.00 non refundable registration fee must accompany each application.

Date of Application: ____/____/____

PLEASE PRINT

Primary Sponsor Information		
Name:		
Address:		
City:	State:	ZIP Code:
Relation:	SSN:	Home Phone:
Cell Phone:	Email:	
How did you hear about us?		
Employer:		
Employer address:		Phone:
City:	State:	ZIP Code:

Secondary Sponsor Information		
Name:		
Address:		
City:	State:	ZIP Code:
Relation:	SSN:	Home Phone:
Cell Phone:	Email:	
Employer:		
Employer address:		Phone:
City:	State:	ZIP Code:

Child Information			
Name:		Name to be called:	
Address:			
City:	State:	ZIP Code:	Gender:
SSN:	Date of Birth:	Ethnicity:	
Start Date:	Program: Toddler (2) Early Childhood (3-6) Elementary (6-9)		
Please provide any additional (non-medical) information that you feel we should know about your child:			

Emergency Contact Information		
Please list the names, relationship and contact information of three other people we may contact and/or release your child. These individuals will also be contacted in the unlikely event of an emergency where neither parent is able to be reached.		
Name:		
Relation:	Home Phone:	Cell Phone:
Name:		
Relation:	Home Phone:	Cell Phone:
Name:		
Relation:	Home Phone:	Cell Phone:

Photo Permission Form	
I authorize Freedom Montessori to have my child and members of our family photographed or videoed by teachers/staff of the facility or by local press for the purpose of advertising, public relations, and family enrichment.	
Signature of Parent/Guardian:	Date: