

Montessori Children's House
1143 South College
Mountain Home, Arkansas 72653
870-425-1540

Student Application

Child's

Name _____
Last First Middle Name Called

Male ___ Female ___ Birth date ___/___/___ Age ___/___

Previous Daycare:

Daycare Name _____ Duration _____

Daycare Name _____ Duration _____

Parent Information:

Mother

Name: _____
SSN: _____
Address: _____

Home Phone: _____
Occupation: _____
Bus. Address: _____

Bus. Phone: _____
Bus. Hours: _____
Cell Phone: _____

Father

Name: _____
SSN: _____
Address: _____

Home Phone: _____
Occupation: _____
Bus. Address: _____

Bus. Phone: _____
Bus. Hours: _____
Cell Phone: _____

Who is legally responsible for this child? _____

With whom does this child live? _____

(Over)

Persons to be notified if parents are unavailable:

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone
3.	_____	_____	_____
	Name	Relationship	Phone

Sibling Information:

1.	_____	_____	_____
	Name	Gender	Age
2.	_____	_____	_____
	Name	Gender	Age
3.	_____	_____	_____
	Name	Gender	Age

If parents are divorced is the parent without legal custody allowed to pick up this child without special permission? Yes _____ No _____

Person(s) other than parents/guardians who may take this child from school:

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone

If your child's application is being made for the 2022-2023 term, please enclose the annual application fee of \$200.00 with your completed application. **This fee is non-refundable (unless the school is unable to provide a class).** This fee will be used to help purchase supplies.

Parent/Guardian Signature

Date