

# Green Gables Montessori

## 2023 – 2024 New Student Registration Form

### Enrollment Information

Please select the days you wish to sign up for. **\*REQUIRED**  
 Monday  Tuesday  Wednesday  Thursday  Friday

Will you require extra care?  
 Before Care (7:30 – 8:30)  After Care (3:30 – 4:30)

Applying for:  Waddler Room  Toddler Room  Preschool Class      Desired start date: \_\_\_\_\_

### Student Information

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Was your child born to full term?  Yes  No      If no, how many weeks were they in gestation? \_\_\_\_\_

1. Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent/Guardian Information

# 1 Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Lives with child:  Yes  No

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_ Active Duty Military:  Yes  No

# 2 Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Lives with child:  Yes  No

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_ Active Duty Military:  Yes  No

### Family/Household Information

How many siblings does your child have? \_\_\_\_ What are their ages? \_\_\_\_\_ Do they live at home?  Yes  No

Do the primary caretakers live together or separately?  Together  Separate | If separate, please explain custody arrangements:  
\_\_\_\_\_

### Health Information

Dietary Restrictions: \_\_\_\_\_

Allergies & Reactions: \_\_\_\_\_

Is an Epi-Pen required for your child?  Yes  No      Does your child nap?  Yes  No How long? \_\_\_\_\_

Is your child potty trained?  Yes  No      If no, are you working on potty training at home? \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Authorized Pick-Up List & Emergency Contact**

Full Name	Phone Number	Relationship	Emergency Contact
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Who is the first person to call in the event of an emergency (illness, school closure, etc)? \_\_\_\_\_

Tell us about your child – favorite things, temperament, independence, interests, skills – anything else you would like to share and let us know about your child.

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Tell us about your family. What are some things to you enjoy doing together?

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What are the top two things you are seeking in an educational environment for your child?

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What challenges or concerns are you currently facing as you care for your child(ren)?

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What was your child’s most recent school/childcare environment and your experience with it?

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What attracted you to Montessori education for your child? Please explain why and why we would be a good fit for your family.

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How did you learn of Green Gables Montessori? \_\_\_\_\_

I understand that I must give a one (1) month notice to withdraw my child(ren) from Green Gables Montessori, once this registration process has begun. **Withdrawals are not accepted September through June without written permission from the Green Gables Board of Directors.** The registration fee is non-refundable and in the case of withdrawal I will be responsible for (1) months tuition whether or not my child attends. **All children are accepted for a probation period of 4 weeks and can be asked to leave anytime during the probation without notice.**

It is the policy of this school that no person shall be subjected to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled or Vietnam Era Veterans status.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_