

Green Gables Montessori 2023 – 2024 Elementary 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)

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

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.

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

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

How do you handle discipline at home? _____

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

What was your child's most recent school environment and your experience with it?

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

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: _____