

Sibling 1 Information

Name

DOB

Gender

Current School

Sibling 2 Information

Name

DOB

Gender

Primary Language

Family Questions

1. Creative thinking is deeply important to Apple Montessori and we strive to nurture every child's creativity. Share why creative thinking is important to your family.

2. Why did you choose to apply to Apple Montessori (pedagogy/ philosophy, values, location, teachers, etc.)?

3. What do you hope your child will learn and experience at Apple Montessori?

4. Does your child use diapers or are they toilet trained?

5. Describe your child's group experiences:

6. Is there any other pertinent information about your child that you would like to share with us? (hobbies/ interests/ fears/ etc.)

7. How did you hear about Apple Montessori (please circle)?

- a) Friend
- b) Marketing event
- c) Online
- d) Other: _____

Medical Information

Please Indicate any medical conditions, allergies, medications, or dietary restrictions below:

Description of steps to be taken in event of an allergic reaction:

Please note that any medication to be administered during school hours must be accompanied with a signed note, outlining dosage instructions, etc.

Special Dietary Needs: _____

Doctor's Name: _____

Doctor's Telephone Number: _____

Doctor's Address: _____

Emergency Contact

Name: _____ Relation to child: _____

Phone number: _____ Address: _____

Comments: _____

Permissions & Agreements

I authorize the school to seek medical care for my child in case of medical emergency.

Agree Disagree

I am aware that school fees must be paid by the due date and that my child's enrollment in the school may be terminated if payment has not been received.

Agree Disagree

I ensure all the above information is correct and valid.

Signature

Date (YY/MM/DD)