



Enrollment Form

We value, welcome and celebrate a diverse population. We do not discriminate based on race, color, creed or national origin.

The following information is for your child's school records. Please complete all information on both sides and return with your contract.

Child's Formal Name			
Name child prefers to use			
Date of birth		Gender	M or F
Social Security #			
Race/origin <i>(please circle)</i>	<input type="checkbox"/> [White] <input type="checkbox"/> [Black or African-American] <input type="checkbox"/> [Hispanic or Latino] <input type="checkbox"/> [Asian] <input type="checkbox"/> [Native Hawaiian or Other Pacific Islander] <input type="checkbox"/> [American Indian or Alaska Native] <input type="checkbox"/> [Other]		

Child's nap routine is well established and he/she requires a midday nap: Yes No N/A

Child lives with: _____

Child's primary address Street		Home Phone	
City State Zip		Preferred Email Address for school	
Mother's Name		Father's Name	
Mom's cell		Dad's cell	
Mom's employer		Dad's employer	
Mom's title		Dad's title	
Mom's work phone		Dad's work phone	
Mom's work email		Dad's work email	

Dad/Mom at different address? If yes, please complete information below:

ADDRESS	CITY	STATE	ZIP
HOME PHONE	E-MAIL Address		

EMERGENCY MEDICAL INFORMATION

In the event that either parent cannot be reached, please list additional emergency contacts below *in the order that contact should be attempted.*

Emerg. Contact 1		Emerg. Phone 1	
Emerg. Contact 2		Emerg. Phone 2	
Emerg. Contact 3		Emerg. Phone 3	

MEDICAL PROVIDER INFORMATION

Insurance Carrier		ID / Group / Plan Numbers	
Subscriber's Name		Subscriber's Social Security Number	
Physician Name		Physician Phone	
Preferred Dentist		Preferred Hospital	

MEDICAL HISTORY

Allergies:		Is your child asthmatic?	Y or N
		Is an Epi-Pen required?	Y or N
		Is an Inhaler required?	Y or N
Any significant medical condition? If yes, please explain:			

DISMISSAL APPROVAL

I authorize the following people to pick up my child from school:

Designated Pick-Up #1:		Phone:	
Relationship to child:			
Designated Pick-Up #1:		Phone:	
Relationship to child:			
Designated Pick-Up #1:		Phone:	
Relationship to child:			
Designated Pick-Up #1:		Phone:	
Relationship to child:			

I have reviewed and approve the information herein.

Parent Signature: _____ **Date:** _____

Montessori School of Louisville, Inc. – a nonprofit organization

Mission & Vision - We ignite the child's innate love of learning in a diverse and nurturing community by integrating authentic Montessori philosophy with contemporary research-based educational methods. We empower each individual to make knowledgeable, responsible, and peaceful contributions to the global community.

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