

## **Application for Enrollment**

Child's Name:	Birthdate:	Male Female
Father, Stepfather, or Male Guardian:	Mother, Stepmoth	ner, or Female Guardian:
Name (Last, First)	Name (Last, First)	
Number/Street	Number/Street	
City, State, Zip	City, State, Zip	
Employer (or note None)	Employer (or note	e None)
Cell Phone	Cell Phone	
Other Phone	Other Phone	
e-mail	e-mail	
ALLERGIES OR FOOD RESTRICTIONS		EpiPen: Yes/No Exp. Date
Any other medical condition or issue we show	uld know about	
	Physician's Phone Number:	
Health Insurance Carrier	Insurance Policy/Group N	umber:
Birmingham Bloomfield Montessori occasionally t media accounts or advertising material. Photos a opt out of these social media or newsletter photo	re also included in the weekly newsletter that is o	,
Parents agree to provide all food and drinks. Pare their child may need while in care. Birmingham B		nes and socks, diapers, wipes and any other supplies damaged or missing personal possessions.
Parent Name:	Signature:	Date:
Parent Name:	Signature:	Date:
Requested Program: Preschool/Kinder	garten Toddler Is your child toilet t	rained? Nap?
Desired schedule: Full Day (7:30am-6p	m) Academic Day (8:30am-3:15pm) _	Half Day (8:30-11:30am)
Preschool/Kindergarten: Circle Desired Days	per Week:MTuWThF	Expected Start Date: