

## **Application**

Child's Name:	Birthdate:		Ma	ale	Female	
Parent/Guardian Name (Last, First)	Parent/	Guardian Nam	ne (Last, First)			
Number/Street	Numbe	r/Street				
City, State, Zip	City, Sta	ate, Zip				
Employer (or note None)	Employ	er (or note No	one)			
Cell Phone (required as an emergency contact)	Cell Pho	one (required a	as an emergenc	y contact	)	
Other Phone	Other P					
e-mail (required for our parent app)	e-mail (	required for o	our parent app)			
ALLERGIES OR FOOD RESTRICTIONS				E	piPen? Y	N
Any conditions or issues we should know about						
Physician's Name:	Physician's	Phone Numbe	er:			
Health Insurance Carrier	Insurance Polic	:y/Group Num	ber:			
Birmingham Bloomfield Montessori occasionally takes photos of media accounts or advertising material. Photos are also includ out of these social media or newsletter photos, they must sign	ed in the weekly newslet	tter that is only	sent to current fa			
Parents agree to provide all food and drinks. Parents agree to their child may need while in care. Birmingham Bloomfield Mc						
Parent Name: Signal	ature:			Date	e:	
Parent Name: Signa	ture:			Date:		
Requested Program: Preschool/Kindergarten	Toddler Expec	ted Start Date	::			
Desired schedule: Full Day (7:30am-6pm) Ac	ademic Day (8:30am-3	3:15pm)	Half Day (8:30-	11:30am)		
Preschool/Kindergarten: Check Desired Days per week (i	f not 5 days): M	T W	Th F			
Is your child toilet trained? Y N						
Does your child nap? Y N (all students will h	ave a rest period in the	e early afterno	oon)			
afternoon) Has your child been in a childcare setting before	ore? Y N					