

MIDWEST CHRISTIAN MONTESSORI ACADEMY

APPLICATION

Application fee: \$10.00
Paid: _____

PROGRAM DESIRED:

PRESCHOOL: _____ CIRCLE DAYS: M T W Th F

KINDERGARTEN: _____ ELEMENTARY: _____ (GRADE)

EXTENDED CARE HOURS NEEDED: _____

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARENT NAMES: _____ HOME PHONE: _____

PLACE OF EMPLOYMENT

FATHER: _____ MOTHER: _____

WORK PHONE: _____ CELL: _____ WORK PHONE: _____ CELL: _____

PRIMARY E-MAIL

ADDRESS: _____ SECONDARY: _____

EMERGENCY CONTACT PERSONS AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENTS:

(Proper Identification Required)

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PREVIOUS EXPERIENCE MONTESSORI, PRESCHOOL, DAYCARE: (NAME OF SCHOOL, YEARS ATTENDED)

ANY ALLERGIES, ILLNESS, OR MEDICAL CONDITION WE SHOULD BE AWARE OF: _____

SIBLINGS AND THEIR AGES: _____

HOW DID YOU HEAR ABOUT MCMA? _____

Midwest Christian Montessori Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at our school and does not discriminate on the basis of race, color, and national or ethnic origin in administration of our educational policies, scholarship and loan programs, and athletic and other school-administered programs.

*****In case of emergency, I give permission for MCMA staff to call a physician, paramedics, or to have my child taken to a hospital or medical center. I will assume financial responsibility for charges.**

SIGNATURE OF PARENT _____ DATE: _____