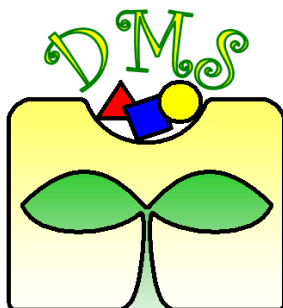


Dayspring Montessori School



Application for Admission

Child's Name: _____

Date of Birth: ____/____/____ Today's Date: ____/____/____

Name of Parent / Guardian: _____

Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Dayspring Montessori School
950 Northbrook Ave, Northbrook, IL 60062
Phone: (847) 714-9002 Fax: (847) 714-9008
www.dayspringmontessori.org

Child's Preferred Name

Please return this application with the \$100 non-refundable application fee.

Child's Name: _____ D.O.B.: ____ / ____ / ____

1. Student Information

Applicant's Full Name: _____
First Middle Last

Home Address: _____ Gender: ____ M ____ F

_____ Phone: (____) _____ - _____

Languages spoken at home: _____

2. Parent / Guardian Information

Marital Status of Parents: _____ Custodial Parent(s): _____

First Parent's Name: _____
First Middle Initial Last

What does your child call this parent? _____

Home Address (*if different*): _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Name & Address of Employer: _____

Occupation / Title: _____ Work Phone: (____) _____ - _____

Second Parent's Name: _____
First Middle Initial Last

Child's Preferred Name

What does your child call this parent? _____

Home Address (if different): _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Name & Address of Employer: _____

Occupation / Title: _____ Work Phone: (____) _____ - _____

3. Sibling(s) Information

Name: _____ Age: _____ Gender: _____

School: _____

Name: _____ Age: _____ Gender: _____

School: _____

Name: _____ Age: _____ Gender: _____

School: _____

4. Emergency Contact & Pick-up List

(Please list at least two, other than parents)

Name: _____ Daytime Phone: (____) _____ - _____

Relationship to child: _____ Other Phone: (____) _____ - _____

Pick up child at school? ____ Yes ____ No Contact in emergency? ____ Yes ____ No

Name: _____ Daytime Phone: (____) _____ - _____

Relationship to child: _____ Other Phone: (____) _____ - _____

Pick up child at school? Yes No Contact in emergency? Yes No

Child's Preferred Name

Name: _____ Daytime Phone: (_____) _____ - _____

Relationship to child: _____ Other Phone: (_____) _____ - _____

Pick up child at school? Yes _____ No _____ Contact in emergency? Yes _____ No _____

5. Medical Information

Child's Physician: _____ Phone: (_____) _____ - _____

Health Insurance Provider: _____

Policy / Group Number: _____

Child's Dentist: _____ Phone: (_____) _____ - _____

Dental Insurance Provider: _____

Policy / Group Number: _____

Please list any known allergies or medical conditions: _____

Please list any medications currently taken: _____

6. Emergency First Aid Authorization

In the event of an emergency, or non-emergency situation requiring medical treatment, as the parent or legal guardian of _____, I hereby grant permission for any and all medical
(child's name)
and/or dental attention to be administered to my child. Treatment will be administered by a qualified and licensed medical physician or emergency medical technician. This authority is granted only after a

Child's Preferred Name

reasonable effort has been made to reach me. I understand that medical treatment is not provided by Dayspring Montessori School, and that I am responsible for payment of any medical treatment provided.

Parent / Guardian Signature

Date / /

Form completed by (*please print*): _____

Dayspring Montessori School is a non-sectarian, non-profit organization. Dayspring does not discriminate in admissions or placement on the basis of sex, race, creed, national or ethnic origin.

For Office Use:

Application Received: ____/____/____ Application Fee: _____