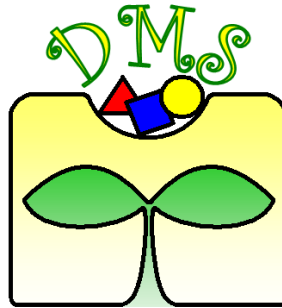


Dayspring Montessori School



Application for Admission

Child's Name: _____

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

Name of Parent / Guardian: _____

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

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

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

Child's Preferred Name

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 Hours: _____

Work Phone: (____) _____ - _____

Second Parent's Name: _____
First Middle Initial Last

What does your child call this parent? _____

Home Address (*if different*): _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Child's Preferred Name

Name & Address of Employer: _____

Occupation / Title: _____ Work Hours: _____

Work Phone: (_____) _____ - _____

3. Sibling(s) Information

Name: _____ **Age:** _____ **Gender:** _____

School: _____

Name: _____ **Age:** _____ **Gender:** _____

School: _____

Name: _____ **Age:** _____ **Gender:** _____

School: _____

4. Primary & Contingency Contacts List

Please provide two primary (such as parents) and two contingency contacts (such as grandparents, babysitter, etc.).

Primary Contact: _____ **Daytime Phone:** (_____) _____ - _____

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

Primary Contact: _____ **Daytime Phone:** (_____) _____ - _____

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

Contingency Contact: _____ **Daytime Phone:** (_____) _____ - _____

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

Contingency Contact: _____ **Daytime Phone:** (_____) _____ - _____

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

5. Medical Information

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

Child's Preferred Name

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 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 ____ / ____ / ____

7. Photo and Video Permission

I give permission to the Dayspring Montessori School to photograph and videotape my child. I authorize the release of these for education/publicity purposes.

Parent/Guardian's Signature _____ Date ____ / ____ / ____

8. Program

Please select one of the following schedules.

Half-Days and Extended-Days

_____ 5 Half-Days: 8:30-11:30 am

_____ 5 School-Days: 8:30 am-3:30 pm

_____ Child's Preferred Name

_____ 3 Half-Days: 8:30-11:30 am (3-year-old children only)	_____ 3 School-Days: 8:30 am-3:30 pm
Full-Days	
_____ 5 Full-Days: 7:30 am-6:00 pm	_____ 3 Full & 2 Half-Days: 7:30-6:00, 8:30-11:30
_____ 3 Full-Days: 7:30 am-6:00 pm	_____ 2 Full & 3 Half-Days: 7:30-6:00, 8:30-11:30
* Kindergarten programs are only 5 full days or 5 school days.	

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: _____
Date of Enrollment: _____ / _____ / _____	Date of Discharge: _____ / _____ / _____
Rev. 08/2011	