

CORNERSTONE MONTESSORI CHILDREN'S HOUSE

PO Box 580
North Plains, OR 97133
503-647-7402

APPLICATION FOR ENROLLMENT

CHILD

_____	_____	_____
First	Middle	Last
_____		_____
Address		Phone
<input type="checkbox"/> Male	_____	_____
<input type="checkbox"/> Female	Birthdate	Age: years & months

Place of Birth		

Previous school experience:

_____	_____
Name/Type of program	Duration

I prefer to enroll my child:

4 Days a Week _____ 8:45-11:45 session
 _____ 8:45-12:45 session

Enrollment Date: _____

You have my permission to use photographs of my child in school publications, advertisements, information booklets and other materials relating to the school. Yes No

MOTHER

Name

Home address

City, State, Zip Code

Home phone

Occupation

Business address

Business phone

E-mail address

Cell phone

FATHER

Name

Home address

City, State, Zip Code

Home phone

Occupation

Business address

Business phone

E-mail address

Cell phone

BROTHERS & SISTERS

Names, ages, and birthdates

HEALTH

Physician's name	Address	Phone
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Dentist's name	Address	Phone
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Please list any allergies, restrictions, physical impairments, and medications:

Children must receive the required immunizations as set forth by Oregon law.

EMERGENCY CONTACTS (other than parents)

Name	Relationship	Daytime phone
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Name	Relationship	Daytime phone
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Please list persons authorized to take your child from school if you can't be reached:

Please send a note or call if you have planned for someone else to pick up your child.

PERMISSION TO ADMINISTER FIRST AID MEDICATION

The staff of Cornerstone Montessori has my permission to administer any necessary and appropriate first aid medication as found in most first aid kits. This includes items such as antibiotic ointment and antiseptic spray. They may also apply sunscreen to my child.

Parent Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

We understand that every reasonable attempt will be made to contact us in the event of an emergency. If we cannot be reached, please contact the people listed above or our pediatrician. If no one on this form can be reached during a medical emergency, the staff of Cornerstone Montessori has permission to authorize emergency medical treatment as deemed necessary by medical personnel.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

APPLICATION PROCEDURE

1. Submit application, parent questionnaire, and \$25 non-refundable application fee payable to Cornerstone Montessori Children's House.
2. Upon acceptance, full tuition or a deposit of \$150 is due to hold your child's space in the program. Tuition paid in monthly installments is due on the first of each month.

Cornerstone Montessori Children's House is a Christian Montessori school which accepts children regardless of race, color, nationality, or religious affiliation.