



THE  
MONTESSORI SCHOOL  
OF CLEVELAND

The school you wish you had gone to

Photo  
of child

**For Admin only**

Reg No: \_\_\_\_\_

Pre Registration Parent Orientation: \_\_\_\_\_

Fees:

Registration \$ 50.00

Material \$ 200.00

Classroom: \_\_\_\_\_

MK \_\_\_\_ month quarter year

MSoC \_\_\_\_ month quarter year

**Application for Admission**

please return with \$50 registration fee and \$200 materials fee

limited for

School year: 20 /   

Entry Date: \_\_\_\_\_

Today's date: \_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

first name

last name

nick name/called

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender: \_\_\_\_\_

month/day/year

months or years

male/female

Residence: \_\_\_\_\_

street

city/state

zip code

Social security number: \_\_\_\_\_ Health care/insurance: \_\_\_\_\_

Birthmarks/allergies/other pertinent information: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Previous Schools attended: \_\_\_\_\_

name of school and city

dates

name of school and city

dates

**EMERGENCY CONTACT:** \_\_\_\_\_

name

phone number

I/We do hereby authorize emergency medical care: \_\_\_\_\_

signature of parent/guardian

date

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_

Office phone number: \_\_\_\_\_

**Siblings:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_



**Mother's Full Name:** \_\_\_\_\_  
first name last name

**Residence:** \_\_\_\_\_  
street city/state zip code

**Phone numbers:** \_\_\_\_\_  
home business cell

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Business/Name of Company:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_  
first name last name

**Residence:** \_\_\_\_\_  
street city/state zip code

**Phone numbers:** \_\_\_\_\_  
home business cell

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Business/Name of Company:** \_\_\_\_\_

Name of persons authorized to pick up child:

1. Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Driver's License number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Driver's License number: \_\_\_\_\_

>No child will be permitted to leave the school with any person without prior written consent from the parent/guardian listed on this form. The school will require a copy of the driver's license of all persons authorized for pick up.<

How did you hear about The Montessori School of Cleveland? \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

I understand that the registration fee and material fee are non-refundable and non-transferrable.

