



# Lakewood Montessori Christian School

EST. 1986

## APPLICATION FORM

### Part A: Student Information

Student Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Religion: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Special Needs (important information regarding your child):  
\_\_\_\_\_  
\_\_\_\_\_

### Part B: Parent Information

Parent 1 Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ ext. \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Parent 2 Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ ext. \_\_\_\_\_ Cell#: \_\_\_\_\_

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

### Part C: Emergency Contact

(List in order, names of persons to be called in an emergency situation, excluding parents)

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ ext. \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ ext. \_\_\_\_\_ Cell#: \_\_\_\_\_

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

### Part D: Release Information (names of persons to whom the child may be released)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact#: \_\_\_\_\_

*I will contact the School Office immediately if any of the above information changes. I certify that all this information is correct.*

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

### Internal Use ONLY:

Class: \_\_\_\_\_ Age: \_\_\_\_\_ Program: Toddler \_\_\_\_\_ Pre 1 2 3 School Year: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Tuition Details: \_\_\_\_\_/m Program: FT \_\_\_ PT \_\_\_ BS \_\_\_ AS \_\_\_

Allergies: \_\_\_\_\_ Communicable Diseases: \_\_\_\_\_

Medical History / Needs: \_\_\_\_\_