



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: YCC ___ Pre ___ 1 ___ 2 ___ 3 ___ Grade 1 ___ 2 ___ 3 ___ School Year: _____

Admission Date: _____ Start Date: _____ Tuition Details: _____/m Program: FT ___ PT ___ BS ___ AS ___

Allergies: _____ Communicable Diseases: _____

Medical History / Needs: _____