



Cedar River Montessori School
Enrollment Application
2009-2010 School Year

Office Use Only
Date Received _____
Conference Date _____
A/D _____

Student Information:

Last Name: _____ First Name: _____ Middle: _____

Nickname: _____ Age: _____ Birth date: _____ Gender: _____

Program Requested: **Lower Elementary** _____ **Upper Elementary** _____

Half-time programs are available
for 3 & 4 year olds only.

Early Childhood: _____ Full Day _____ Morning _____ Afternoon _____

Family Information:

Father or Guardian

Mother or Guardian

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip _____

City/State/Zip: _____

Employer: _____

Employer: _____

Hours of Employment: _____

Hours of Employment: _____

Position: _____

Position: _____

Emergency Contact Information:

Who should be contacted first in case of emergency? _____

Please enter all applicable phone numbers and indicate in parenthesis the order in which to contact you in case of an emergency:

Father or Guardian

Mother or Guardian

Home Phone: _____ ()

Home Phone: _____ ()

Cell Phone: _____ ()

Cell Phone: _____ ()

Work Phone: _____ ()

Work Phone: _____ ()

E-Mail: _____ ()

E-Mail: _____ ()

With whom does the child live?

Both Parents _____ Mother _____ Father _____ Other (Specify) _____

Alternative Emergency Contact and Authorized Student Pick Up List:

Unless otherwise indicated the following persons are authorized as Emergency Contacts and can pick up my child if needed. They will be called if you cannot be reached. Please use a **different phone number** for each person.

Name

Relationship

Daytime Phone

1. _____

2. _____

3. _____

4. _____

Family Information (Continued)

Sibling Information

Name: _____ Gender: _____ Birth date: _____

Name: _____ Gender: _____ Birth date: _____

Name: _____ Gender: _____ Birth date: _____

(Grandparent information is optional.)

Paternal Grandparents

Maternal Grandparents

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Other Information:

Primary Language at Home: _____ Secondary Language: _____

Briefly describe your child's personality, including strengths: _____

Are there any areas of concern we should be aware of? Please describe: _____

Are there any special family circumstances that we should be aware of? _____

Please describe your knowledge of or experiences with Montessori education. _____

How did you hear about Cedar River Montessori School? _____

Signature of Parent(s) _____ Date _____

Health Information and History

Student Name: _____

Birth date: _____

Has your child had any of the following:

Heart Trouble _____

Frequent Colds _____

Chickenpox _____

Severe Allergies _____

Frequent Sore Throats _____

Measles (Hard) _____

Convulsions _____

Frequent Ear Infections _____

German Measles _____

Asthma _____

Problems with Vision _____

Mumps _____

Fainting Spells _____

Problems with Hearing _____

Poliomyelitis _____

Diabetes _____

Date of last physical _____

Is there any other health or medical problem that we should be made aware of? _____

If so please describe _____

Does your child have allergies and if so please describe them. _____

Name and Telephone Number of Pediatrician or other medical specialists _____

Name and Telephone Number of Dentist and/or Orthodontist _____

Certificate of Immunization Status: According to Washington Administrative Code 180-38-060 you are required by law to provide record your child's immunization status prior to enrollment in the school.

If you choose not to have your child immunized then you must fill out and sign either a personal or religious exemption. If you choose either of these in place of having your child immunized then you need to be aware that in the event of an outbreak of contagious disease your child may be excluded from educational services at CRMS. Immunization can be obtained from public health agencies or from your physician.

Cedar River Montessori School uses the Washington State Department of Health form DOH 348-013 "Certificate of Immunization Status" for all students and such form will be provided you prior to your child receiving educational services at CRMS. This form must be filled out and by the appropriate parties indicated on the form.

Signature of Parent (s) _____ Date _____