

HAZEL CREEK MONTESSORI

Admission Information

2006 to 2007
Student Information

Student's Name _____			
			<i>Last/Middle/First</i>
Address _____			
			<i>Street/City/State/Zip</i>
Age	Date of Birth	Sex	Nickname

Mother's Name	Address	Phone Number	

Business	Address	Phone Number	

Father's Name	Address	Phone Number	

Business	Address	Phone Number	

Physician	Address	Phone Number

Date of Last Physician's Exam ___/___/___		
In case of an emergency, contact the student's: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		
IN CASE OF EMERGENCY, WHO TO CALL OTHER THAN PARENT:		
Name _____	Relationship _____	

Address _____	Phone Number _____	

Allergies _____	Medical Problems _____	

Special problems that could affect the student's classroom abilities		

Program Entering _____	Admission – Date Requested __/__/__
Extended Day Program/Hours _____	
Person(s) Not Allowed to Pick-up Child _____	

Person(s) Allowed to Pick-up Child _____	

PLEASE CHECK PROGRAM PREFERENCE

TODDLER (1 Yr to 2 1/2 yrs) 3 full days/w 4 full days/w 5 full days/w
 M-W-F/9;11:30,Preschool

PRE-SCHOOL (3 – 5 yrs) Half Day (2 3/4 hr) Full Day (9am – 3pm) Full Day (6 hrs or More)

<input type="checkbox"/> 5 days/wk – am	<input type="checkbox"/> 3 days/wk	<input type="checkbox"/> 3 days/wk
<input type="checkbox"/> 5 days/wk – pm	<input type="checkbox"/> 4 days/wk	<input type="checkbox"/> 4 days/wk
	<input type="checkbox"/> 5 days/wk	<input type="checkbox"/> 5 days/wk

KINDERGARTEN Monday – Friday AM PM