



Enrollment Date: _____

Withdrawal Date: _____

Lord of Life Christian Montessori School

Application for Elementary Registration

Child's Name: _____

Name Child Prefers to be Called: _____

Age: _____ Sex: _____ Birthdate: _____

Parent or Guardian: _____

Address: _____

Home Phone: _____

Preferred E-mail Address: _____

Father's Workplace: _____ Phone: _____

Address: _____

Father's Home Address (*If different from child's address*): _____ Phone: _____

Address: _____

Mother's Workplace: _____ Phone: _____

Address: _____

Child's Physician: _____ Phone: _____

What would you like us to know about your child? _____

Child's Living Arrangement: Both Parents Mother Father Other: _____

Child's Legal Guardian: Both Parents Mother Father Other: _____

(Over)



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The child may be released to the following person(s) signing this agreement or to the following:

1) Name: _____

Address: _____ Phone: _____

2) Name: _____

Address: _____ Phone: _____

3) Name: _____

Address: _____ Phone: _____

Is this child currently attending another school? *(If Yes, please list name of school and grade in which your child is enrolled):*

Child's Physician and/or Name of Clinic: _____

Phone: _____

My child has the following special needs: _____

The following accommodation(s) may be required to most effectively meet my child's need while at the school: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness/health conditions: _____

My child is allergic to the following *(Attach separate sheet if necessary):* _____

A copy of the child's birth certificate is required.