



Enrollment Date: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

**Lord of Life Christian Montessori School**  
Application for Primary 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/Mother'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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My Child is Toilet Trained:  Yes  No

Child's Living Arrangement:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Child's Legal Guardian:  Both Parents  Mother  Father  Other: \_\_\_\_\_

(Over)



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Application for Primary Registration (*Continued*)

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*): \_\_\_\_\_

\_\_\_\_\_