



Montessori Family School, LLC

350 Rike Dr.

Millstone Township, NJ 08535-8551

(609) 371-9300

Children's Enrollment Application

Child's Name _____ Date of Birth _____

Date of Enrollment _____ Sex _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

E-mail Address _____ E-mail Address _____

Persons Authorized to assume responsibility for the child if parent is not available:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

Child's Doctor _____ Phone _____

Address _____

With my signature, I attest the following:

1. That the above information is correct
2. That in the event of an emergency, I authorize Montessori Family School to seek emergency medical care for my child as deemed necessary by the director.
3. That I have received the information to Parents document.

Parent's Signature