



Application for Casa del Niño Bilingual Montessori 2016 / 2017 School Year

Expected Start Date: _____

All Programs are Monday through Friday. Please mark below:

Pre-Primary Must be Potty Trained (2 & 3 years old)	Primary I (3 - 4 years old) Half Day Only	Primary II (3, 4, 5 years old) Full Day Only	Elementary 1 st , 2 nd , 3 rd & 4 th grades
_ Half Day, 8:30am-12:30pm	__ Half Day, 8:30am-12:30pm	___ Full Day, 8:30am - 2:30pm	Which Grade? _____
___ Full Day, 8:30am-2:30pm			__ Full Day, 8:00am-2:30pm
___ Extended Care 7:30am - 8:30am 2:30pm - 5:30pm		___ Extended Care 7:30am - 8:30am 2:30pm - 5:30pm	___ Extended Care 7:30am _8:00am 2:30pm – 5:30pm

**Tuition for each program may be found on the Enrollment Contract and School Programs sheet.*

Child's Full Name: _____ **Birthdate:** _____ M ___ F ___

Place of Birth: City _____ State _____ Country _____

Address: _____

Phone: _____ **Legal Last Name (if different from above)** _____

Mother's or Guardian's Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____ **Relation to Child:** _____

Occupation: _____

Father's or Guardian's Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____ **Relation to Child:** _____

Occupation: _____

Child lives primarily with: ___ Mother ___ Father Other: _____

If divorced, do you have joint legal custody? ___ Yes ___ No **If yes, do you have custody documents? Please provide a copy of custody documents and specify arrangements below:**

Names and ages of siblings: _____

Has your child ever been tested for special services? _____ If yes, please describe:

Age first attended childcare / preschool: _____ Where? _____

If leaving a childcare / preschool / school, what is your reason for leaving? _____

Does your child nap? _____ Daily _____ Occasionally _____ Never

How did you hear about Casa del Niño? _____

Why did you choose a bilingual Montessori? _____

Do you give permission for your: _____ Name _____ Phone Number _____ Email, to be published in the school roster?

Please check as applicable: I give permission for my child to have his/her picture taken and used on our school's:

Website/Facebook/Pinterest? _____ School Yearbook? _____ Printed Publicity Materials? _____

For areas above checked 'Yes', Date: _____ Signature: _____

Do you give permission for your child to use hand sanitizer at school? _____ Yes _____ No

Do you give permission for your child on special occasions to view an educational video or movie that has to do with the curriculum?
_____ Yes _____ No

I understand that in the event of an emergency my child will be taken to Chandler Regional Medical Center for treatment. The staff will attempt to contact me prior to arranging transportation, if circumstances permit.

Signature: _____ Date: _____

Printed Name: _____

I wish to apply for my Child's admission to Casa del Niño Bilingual Montessori. The information provided is correct and true to the best of my knowledge. A \$200 application fee and signed Enrollment Contract is due upon acceptance. I understand that completing this application does not guarantee enrollment but is the first step of the enrollment process.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

CASA DEL NINO BILINGUAL MONTESSORI SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, GENDER, RELIGION, COLOR, NATIONAL OR ETHNIC ORIGIN