



Extended Care Enrollment Application

STUDENT'S INFORMATION

First Name _____ Last Name _____

Birth Date ____ / ____ / ____ Age ____ Male ____ Female ____

Home Address _____ Grade _____

City _____ State _____ Zip _____ Home Phone _____

Social Security Number _____

FATHER'S INFORMATION

Name _____

Home Address _____

City/State/Zip _____ Home Phone _____

Occupation _____ Business Name _____

Business Address _____ Cell Phone _____

City/State/Zip _____ Business Phone _____

MOTHER'S INFORMATION

Name _____

Home Address _____

City/State/Zip _____ Home Phone _____

Occupation _____ Business Name _____

Business Address _____ Cell Phone _____

City/State/Zip _____ Business Phone _____



HEALTH

Doctor's Name _____ Address _____

City/State/Zip _____ Phone _____

Allergies _____

Name of persons authorized to pick up child:

No child will be permitted to leave the school with anyone (except mother or father as met in person) without written permission from parent

1. Name _____

Address _____ Phone Number _____

Relationship to child _____ DL# _____

2. Name _____

Address _____ Phone Number _____

Relationship to child _____ DL# _____

There is a non-refundable application fee of \$50.00 due with application.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Dylan Kennedy Montessori School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies or admission policies.

