Enchanted Home Montessori School

Enchanted Home Montessori School
5452 W. Whispering Wind Dr. Glendale, AZ 85310
Tel: 623 340-7123 Tel: 623 878-2961
Email: enchanted.h.mont@gmail.com

Enrollment Application

2022- 2023

Current School Yr. Start Date:
Grade for Enrollment:
Date:

Student Information

Gender: M F Date of Birth: / /

Last Name: First Name: Middle Name:

Primary Language Spoken: Student: Parents:

Mother's / Guardian's Information

Last Name: First Name: Middle Name:

Address: Street City State Zip Code

Occupation: Email:

Home Tel No: ( ) Work Tel No: ( ) Cell Tel No: ( )

Living with Child Yes No Allow Release Yes No

Father's / Guardian's Information

Last Name: First Name: Middle Name:

Address: Street City State Zip Code

Occupation: Email:

Home Tel No: ( ) Work Tel No: ( ) Cell Tel No: ( )

Living with Child Yes No Allow Release Yes No

Special Needs

Has your child had difficulties with vision or hearing? Yes No If yes, please explain:

Has your child had difficulties attending or focusing? Yes No If yes, please explain:

Has your child ever been diagnosed with ADHD, ADD, Dyslexia, Autism or other learning difficulties? Yes No If yes, please explain:

Has your child ever exhibited aggressive behavior? Yes No If yes, please explain:

Has your child been diagnosed with any food allergies? Yes No If yes, please explain:

Emergency Medical Information and Treatment Data

Insurance Carrier: Group / Member #

Primary Physician: Primary Hospital:

Is your child on any prescription medication(s)? Yes No If Yes, please list below:

Medications:				
Reasons:				

Emergency Treatment Permission

I give Enchanted Home Montessori permission to provide EMERGENCY treatment for my child should it be deemed necessary. I understand that in case of an emergency, my child will be taken to a local hospital. Enchanted Home Montessori will begin immediate attempts to contact parents/guardian while child is in transport.

Immunization Notice

Please be advised that all immunization requirements must be met in the time specified by the Arizona Health Department. A 15 day notice will be given to parents whose children have not met the requirements. If proof of immunization shots is not provided. the child must be suspended from school until all requirements are met.

Parent / Legal Guardian Signature Date Parent / Legal Guardian Signature Date

Parent / Legal Guardian Name Parent / Legal Guardian Signature Date