

The Children's House

Registration 2017-18

NAME OF APPLICANT _____ AGE _____

ADDRESS _____ ZIP _____ HOME PHONE _____

__ UNGRADED ELEMENTARY __ JUNIOR HIGH __ EXTENDED DAY PROGRAM

__ MONTESSORI PRESCHOOL: __ FULL TIME __ PART TIME : Mon Tues Wed Thu Fri

Grade placement now _____

Date of Birth _____ Sex _____ Age in September 2017 _____ years _____ months

MOTHER (OR GUARDIAN) _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

ADDRESS _____ ZIP _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS NAME & ADDRESS _____

E-MAIL ADDRESS _____

FATHER (OR GUARDIAN) _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

ADDRESS _____ ZIP _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS NAME & ADDRESS _____

E-MAIL ADDRESS _____

Previous School Experience:

Schools Attended: _____ Grade(s) _____

Schools Attended: _____ Grade(s) _____

Sibling(s) _____ age _____ age _____

_____ age _____ age _____

WHO IS RESPONSIBLE FOR CHILD IF HE/SHE DOES NOT REGULARLY GO DIRECTLY HOME FROM SCHOOL?

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE LOCATED, PERSON TO NOTIFY:

NAME _____ RELATIONSHIP _____ PHONE _____

CHILD'S DOCTOR _____ PHONE _____

HOSPITAL CHOICE IN CASE OF EMERGENCY _____ PHONE _____

I hereby apply for the admission of my child for the full year 2017-18

(non-refundable \$100 fee applies) **OR**

Pre-registration for returning student(s) \$50 if paid by March 18, 2017

SIGNED _____ DATE _____