

Turning Point Montessori School

Enrollment Application

Child's Name: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Date of Birth: _____ Sex M F Child's Social Security #: _____

Circle days to attend AM Mon Tues Wed Thurs Fri Arrival Time: _____ Departure Time: _____

PM Mon Tues Wed Thurs Fri Arrival Time: _____ Departure Time: _____

Meals to attend Breakfast AM Snack Lunch PM Snack

School Age out of Session days to attend Mon Tues Wed Thurs Fri Arrival Time: _____ Departure Time: _____

School Age out of Session meals to attend Breakfast AM Snack Lunch PM Snack

Enrolling Parent/Guardian Name: _____

Relationship to Child: _____ Driver's License #: _____

Address: _____ City/State/Zip: _____

Email address: _____ Home phone: _____ Cell# _____

Employer: _____ Work Phone: _____ Ext: _____

Email Address: _____ Hours: _____

Parent/Guardian Name: _____

Relationship to Child: _____ Driver's License #: _____

Address: _____ City/State/Zip: _____

Email address: _____ Home phone: _____ Cell# _____

Employer: _____ Work Phone: _____ Ext: _____

Email Address: _____ Hours: _____

Parent's martial status: Married Divorced Single Primary Residence: Both Mother Father Guardian

If divorced who has legal custody? _____ May the non custodial parent pick up the child? YES NO

Turning Point Montessori must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court paper state otherwise. The Child will be released only to the people on this application and the following person:

Name: _____ Address: _____ Phone: _____