

The Children's House

Registration 2018-19

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 2018 _____ 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 2018-19

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

Pre-registration for returning student(s) \$50 if paid by March 16, 2018

SIGNED _____ DATE _____