



**EAST AURORA MONTESSORI SUMMER EXPLORERS APPLICATION**

CHILD'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**PARENT GUARDIAN INFORMATION:**

NAME: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
PLACE OF EMPLOYMENT: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD:**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**LIST ANY FOOD ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF:**

**PLEASE LIST CHILD'S SIBLINGS AND THEIR AGES:**

THE SIGNATURE BELOW INDICATES THAT THE HANDBOOK HAS BEEN READ AND THAT NON-COMPLIANCE TO SCHOOL POLICY WILL TERMINATE ENROLLMENT IN EAST AURORA MONTESSORI SCHOOL.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Please fill out Enrollment Contract on reverse side)