



EAST AURORA MONTESSORI SUMMER EXPLORERS APPLICATION

CHILD'S NAME: _____ BIRTHDATE: _____
ADDRESS: _____
HOME PHONE: _____ EMAIL: _____

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)