



## 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:

  

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PLEASE LIST CHILD'S SIBLINGS AND THEIR AGES:

  

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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)