

# THE HAPPY CHILDREN'S MONTESSORI

172 NE 32<sup>ND</sup> AVE  
HILLSBORO, OR 97124  
503-693-6531

[www.happychildrensmontessori.com](http://www.happychildrensmontessori.com)

## APPLICATION FOR ENROLLMENT

TODAY'S DATE \_\_\_\_\_ STARTING DATE \_\_\_\_\_  
CHILD'S FULL NAME \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### FAMILY INFORMATION

#### MOTHER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Position \_\_\_\_\_

#### FATHER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Position \_\_\_\_\_

### OTHER HOUSEHOLD MEMBERS

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

### IF PARENTS OR GUARDIANS CANNOT BE REACHED EMERGENCY CONTACTS:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### CHILD'S DOCTOR

Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

### CHILD'S DENTIST

Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

### WHAT HOSPITAL DO YOU PREFER?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

### INSURANCE INFORMATION

Name of Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_  
ID # \_\_\_\_\_ Individual Name \_\_\_\_\_

**Does your child have any special medical needs or concerns that a treating physician should be aware of (i.e. allergies, etc.)**

---

---

**THE FOLLOWING PEOPLE ARE AUTHOURIZED TO PUCK UP MY CHILD:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PERMISSION IS GIVEN TO THE HAPPY CHILDRENS MONTESSORI FOR:  
(Check indicates approval)**

In case of an emergency, The Happy Children’s Montessori has my permission to call an ambulance or take my child to any available physician or hospital at my expense.

In case of an emergency, The Happy Children’s Montessori has my permission to obtain medical treatment for my child at my expense, except for these restrictions. List all applicable \_\_\_\_\_

---

I do not wish for my child to receive any medical treatment.

My child may be given both prescription and non-prescription medications according to my written permission and instructions.

My child may be taken on supervised field trips by private motor vehicle.

My child may be photographed for publicity or news purposes.

My child’s photo may be used on the Happy Children’s Montessori’s website.

**FEE AGREEMENT**

I \_\_\_\_\_ agree to pay all fees and tuition to the Happy Children’s Montessori. I agree to adhere to the written notice policy for withdrawal. I agree to pay the non-refundable deposit and non-refundable registration fee. I agree to pay any late fees that I may incur.

**PARENT(S) OR GUARDIAN(S) SIGNATURE(S):**

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_