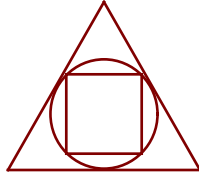


Bloomfield Maples Montessori Center

APPLICATION FORM

SCHOOL ADDRESS

Bloomfield Maples Montessori Center
6201 W. Maple Road
West Bloomfield, MI 48322
Phone: (248) 661-0910



MAILING ADDRESS

Jeanette Lynam - Administrator
P.O. Box 354
Walled Lake, MI 48390-0354

Student Information

Last Name	<input type="text"/>	Home Address	<input type="text"/>		
First Name	<input type="text"/>	City	<input type="text"/>		
Middle Initial	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Date of Birth	<input type="text"/>	Home Phone	<input type="text"/>		

Parent Information

Father/Legal guardian

Full Name	<input type="text"/>		
Occupation	<input type="text"/>		
Business Name	<input type="text"/>		
Business Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip	<input type="text"/>
Business Phone	<input type="text"/>	Extn.	<input type="text"/>
Mobile Phone	<input type="text"/>		
Email Address	<input type="text"/>		

Mother

Full Name	<input type="text"/>		
Occupation	<input type="text"/>		
Business Name	<input type="text"/>		
Business Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip	<input type="text"/>
Business Phone	<input type="text"/>	Extn.	<input type="text"/>
Mobile Phone	<input type="text"/>		
Email Address	<input type="text"/>		

If parents cannot be reached in case of illness or emergency notify

Contact		Pediatrician	
Full Name	<input type="text"/>	Full Name	<input type="text"/>
Relationship	<input type="text"/>	Address	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Phone	<input type="text"/>	Phone	<input type="text"/>
	Zip		Extn.
	<input type="text"/>		<input type="text"/>
	Extn.		<input type="text"/>
	<input type="text"/>		<input type="text"/>

List any medical conditions and/or allergies

Other Information

How did you hear of this Montessori School?

School attending or previously attended?

 From: to:

What school district do you currently reside in?

Enrollment effective date:

Hours needed from:

to:

I hereby give prior approval and grant permission;

- for my child to go on school approved field trips with assigned drivers.
- to participate in any school activities and use all of the school equipment.
- for the school to secure emergency medical care and understand that the emergency will be the responsibility of the parent/guardian of the child.
- for the school to use my child's pictures in school related literature.

I agree to release my name, address and phone number for school literature.

I have read the Tuition Policy and agree to abide by the same.

Signed: _____
(Parent or guardian)

Date: