## WEST END MONTESSORI SCHOOL, INC Enrollment Application

			Lillollillelit	Application			
2019-2020 Academic Year Toddler Extended I		mic Year Extended Day		Start 2020 - 20 11:45 - 2			
	y Childhood	-	: 7:30-8:30 am			12:30 - 5:30	
	nentary	Extended Day			.00	3:00 - 5:30	
	······		CHILD INFOR		_		<u> </u>
First Name		liddle	Last	Nickname	Sex	Birthdate	
Full Address							
Previous daycar	e or school a	ttended	Siblings' Names and Ages		Phone	e# to List in Family	Directory
			PARENT/GUARDIAI	NINFORMATION			
Father/Guardian's Full Name			Home Phone	Work Phone		Company/Profession	
Full Address (if d	lifferent from	above)		Cell Phone	Email		
Mother/Guardian's Full Name		 e	Home Phone	Work Phone		Company/Profession	
Full Address (if o	different from	above)		Cell Phone	Email		
			EMERGENCY IN	FORMATION			
Allergies or intol	erance to food	d, medication, et	c., and emergency action	Child's Physician Phone		Phone	
Dietary preferen	ces						
1. Local contact	person if par	ent/guardian ca	nnot be reached	Full Address Phone			Phone
2. Local contact	person if pare	ent/guardian ca	nnot be reached	Full Address Ph		Phone	
Persons author	ized to pick u	ıp child		Persons <b>not</b> authorize	d to pick	up child	
Is your child no	w or has you	r child received	dany of the following th	erapies: Speech Oco	cupationa	l Social/emotion	nal Physical
Chronic physica	l conditions, p	pertinent devel	opmental information a	nd/or accommodations	needed		

Name of school or program currently attending

(Continued on back)

## AGREEMENTS

- 1. The school agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible, if so, requested by the school.
- 2. The parent / guardian authorizes the school to obtain immediate medical care if any emergency occurs when he cannot be located immediately\*.
- 3. The parent / guardian will inform the center within 24 hours or the next business day after the child or any member of the immediate household has developed any communicable disease, except for life threatening diseases which must be reported immediately.
- 4. Field trip transportation, if needed, will be provided by another school family or teacher.
- 5. The parent / guardian gives permission for photographs to be taken of the child at work and play to be used for WEMS informational or promotional efforts such as yearbook, e-newsletters, and website.
- \* If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objections and the reason for their objection.

	SIGNATURES		
Parent / Guardian		 Date	_
Joseph			_
Head of School		Date	
Date Child Entered Care	Date Left Care		
How did you hear about West End Mont	essori School?		
☐ Internet Search ☐ Word of mo ☐ WEMS Parent (name)	uth Website		
Other (explain)			
Please sub	mit a \$50.00 non-refundable fee with	h this form payable to:	
	WEST END MONTESSORI SC		

9307 Quioccasin Richmond, VA 23229

FOR OFFICE USE ONLY						
Date Application Received	Cash / Check Number	Amt. \$Date Entered Contract Sent				
Date of Parent Observation	Child Visit	Records Request Form Contract Rcvd				
Birth Date	Date Issued	Place of Birth				
Birth Certificate Number		Other Form of Proof				

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

> WEST END MONTESSORI SCHOOL 9307 Quioccasin Richmond, VA 23229 804-523-7536 Main, 804-523-4396 Fax www.westendmontessori.com