

1. ADMISSION APPLICATION FORM**Child**

First Name	Middle Name	Last Name	Preferred Name
Date of Birth	Age	Boy or Girl	Desired Start Date

Residing with: Mother ___ Father ___ Both ___ Other ___ Family Religion _____	Primary Language(s) Spoken at Home
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Siblings Names and Ages	Names(s) of Previous School(s)
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Father/Guardian

First Name	Last Name	First Name	Last Name
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	Home Street Address
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City, State and Zip Code	City, State and Zip Code
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Home Phone	Cell Phone	Home Phone	Cell Phone
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Firm and Position	Work Phone	Firm and Position	Work Phone
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Email Address	Email Address
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Out of State Emergency Contact

First Name	Last Name	Phone Number	Relationship
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The following people are authorized to pick up my child: (Please include parents)

First Name	Last Name	Phone Number	Relationship

Where did you learn of Montessori at Sawyers Glen?

___ Friend ___ Book ___ School ___ Signs ___ Newspaper ___ Website ___ Other

Authorizations and Driving Information

I authorize my address and phone number to be published in the school directory. ___ Yes ___ No
 I allow school pictures of my child to be included in Montessori at Sawyers Glen publications. ___ Yes ___ No
 I allow my child's actions to be recorded and studied by Montessori teachers-in-training. ___ Yes ___ No
 I allow my child to participate in Montessori at Sawyers Glen field trips. ___ Yes ___ No
 I am willing to fill out a Washington State Criminal History form so that I may drive on field trips. ___ Yes ___ No

If yes to previous question, please fill out enclosed Background Check form.

I will drive and have seat belts to take _____ children.
 Name as it appears on Driver's license. _____
 Car Make _____ Model _____
 Auto License # _____ Insurance Company _____

X
 Father/Guardian's Signature _____ Date _____

X
 Mother/Guardian's Signature _____ Date _____

(NOTE: Both signatures are required)