



Date of Application _____

School Year: 2022/2023

Child's Name _____ Child's Date of Birth _____

Child's Gender _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Email(s) _____

Parent 1

Parent 2

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Child resides with:

- Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2
 Other (Please specify) _____

Primary language spoken at home: _____

Is your child fully toilet-trained? Yes No

Has your child been enrolled in any type of program or organized group before? If so, which program and where? _____

Do you have any concerns regarding your child? _____

Does your child have any allergies or health situations we need to be aware of?

Does your child have any learning difficulties that you know of or difficulties with vision, hearing, or speaking? _____

Are there any reports, assessments, or narratives available for our review? Yes No

Which agency performed the evaluation? _____

Does your child receive special services now or has in the past? Yes No

Program Information: Days are scheduled consecutively (4 Days M-Th)

Full Day (9:00-3:00)

How did you hear about us?

Website Facebook Friend Other _____

**A Non-Refundable Fee of \$50 is required with this application. Make checks payable to Santa Fe Montessori Childcare Program
Enrollments are accepted without regard to race, religion, or national origin.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____