



BLOOMFIELD MAPLES
Montessori

APPLICATION FORM

SCHOOL ADDRESS

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

MAILING ADDRESS

Bloomfield Maples Montessori Center
P.O. Box 354
Walled Lake, MI 48390-0354
Fax: (248) 661-4097

Child's Name: _____
Last First Middle

Date of Birth: _____ [] Boy [] Girl **Phone:** _____

Home Address: _____
Street City Zip

Email: _____

Father's Name: _____ **Cell Phone:** _____

Occupation: _____ Work Phone: _____

Business Name: _____ Address: _____
Street City Zip

Mother's Name: _____ **Cell Phone:** _____

Occupation: _____ Work Phone: _____

Business Name: _____ Address: _____
Street City Zip

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Information: Allergies (if any) _____

Reactions: _____ **Medications:** _____

Pediatrician's Name: _____ **Phone:** _____

Address: _____

FOR NEW REGISTRANTS ONLY:

How did you hear of our Montessori School?

Internet Drive By Advertisement

Other Name of Magazine/Newspaper _____

Referred by: Friend Name/Address _____

Other _____

School attending or previously attended:

_____ From _____ To _____

- What school district do you currently reside in? _____
- Enrollment effective date: _____

I hereby give prior approval, abide by school policies and grant permission;

- to follow the school uniform policy and supply my student with approved dress apparel.
- for my child to go on school approved field trips.
- for my child to participate in any school activities and use all of the school equipment.
- for the school and/or staff to secure emergency medical care and understand that the expenses incurred during 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, web site and/or advertising.
- for other parents who may inadvertently may include your child while photographing and/or videoing without granted permission.
- to release my name, address and phone number for school literature.
- to release the school and/or staff of any responsibility due to reactions from allergies or any other medical conditions.
- (if applicable) – for my 35-month-old child to be enrolled in a Preschool classroom. **Children in this class need to be fully potty trained.**

I certify that I am the legal guardian, will comply with the rules and policies of Bloomfield Maples Montessori and am the individual responsible for tuition payments:

Signed: _____
Mother or Guardian Date

Signed: _____
Father or Guardian Date