



Child's Information

Child's First Name:		Child's Last Name:	
Date of Birth:		Sex:	
Street Address:			
City:	State:	Zip Code:	

General Questions

Child's Previous School Experience

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Child's General Health

General Health

Child's Medical Concerns, Handicaps, or Allergies

Medical Concerns:
Handicaps:
Allergies:

The North Shore Montessori School does not discriminate based on race, color, religion, national or ethnic origin, or family configuration.

Signatures of Parent(s) or Legal Guardian(s)

_____ Date: _____

_____ Date: _____



Parent and/or Legal Guardian Information

First Adult

Relationship to Child:		
First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Cell #:	Home #:	Work #:
Email Address:		
Occupation:		

Second Adult

Relationship to Child:	Mailing address same as adult listed above	
First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Cell #:	Home #:	Work #:
Email Address:		
Occupation:		

Signatures

_____ Date: _____

_____ Date: _____