



## APPLICATION FOR ADMISSION

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age (Years & Months) \_\_\_\_\_

Male ☐ Female ☐

What name does child like to be called? \_\_\_\_\_

Home Address \_\_\_\_\_

### PARENTS INFORMATION

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Digital Address

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Phone No.  Phone No.

Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Digital Address

Employer \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Phone No.  Phone No.

Has your child ever attended day care? Yes ☐ No ☐

If yes, where? \_\_\_\_\_

Why are you considering Montessori for your child? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How would you like to receive your invoice?

Electronic Copy ☐ Email Address  Paper Copy in Child's Folder ☐

Would you like to be added to The Nurtury Montessori School's Whatsapp chat group?

Yes ☐ No ☐ (Phone No. to be used)

## CARING FOR YOUR INFANT AT THE NURTURY

## FEEDING INFORMATION

Does your child take a bottle?      Yes ☐      No ☐

(\*Parents should make bottles in advance and label with child's name)

Contents of the bottle is?

Breast Milk ☐ Formula ☐ Milk ☒ Porridge ☐ Juice ☐ Water ☐

Does your child eat jar food?

Does your child eat cereal?

Does your child eat table food?

## DAILY SCHEDULE

Please give us any information on your child's daily schedule (typical awakening times, toilet habits, activities or songs your child enjoys, how you help your child when they are sad or upset, etc).

## TRANSPORTATION PLANS

To ensure the safety of your child, please list two other adults (with IDs attached) to whom your child may be released or who are authorized to provide transportation for your child.

Name \_\_\_\_\_ Phone No. 

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[illegible]

## MEDICAL HISTORY

Does your child have any allergies?

Yes

☐

No

☐

If yes, please list and specify the first aid management of the allergic reaction(s)

Briefly describe any recent hospitalization and the reason for same

Indicate any long-term medication that the child must continually take whilst at school

Does your child have any Asthmatic or wheezing condition?

Yes

☐

No

☐

If yes, kindly specify the first aid we should administer.

Does your child have speech or hearing impairment?

Yes

☐

No

☐

Does your child have problems with the eyes?

Yes

☐

No

☐

Does your child have seizures, fit or shaking spells?

Yes

☐

No

☐

If yes, what must be done as first aid before contacting you?

In case of any medical emergency, who should be contacted?

Name and Relationship to Child:

Phone No:

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Signature of Parent or Legal Guardian

Date:

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### Photographic Release:

I consent/ do not consent and authorize The Nurtury Montessori School to use and reproduce photographs taken of my child and to circulate them for publicity purposes of every description.

Signature of Parent or Guardian

Date:

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