



PART TIME ADMISSION FORM

Child's Full Name _____

Date of Birth _____ Present Age (Years & Months) _____

Male ☐ Female ☐

What name does child like to be called? _____

Days Attending _____

Home Address _____

PARENTS INFORMATION

Mother's Name _____

Address _____

Digital Address

Employer _____ Occupation/Position _____

Phone No. Phone No.

Father's Name _____

Address _____

Digital Address

Employer _____ Occupation/Position _____

Phone No. Phone No.

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.

Name _____ Phone No.

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

child have any Asthmatic or wheezing condition? Yes ☐ No ☐

Specify the first aid we should administer.

child have speech or hearing impairment? Yes ☐ No ☐

child have problems with the eyes? Yes ☐ No ☐

child have seizures, fit or shaking spells? ☐ Yes ☐ No

What must be done as first aid before contacting you?

Photographic Release:

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

Signature of Parent or Guardian

Date:

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

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

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

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.

Date:

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