

**ISSAQUAH MONTESSORI
APPLICATION FOR ENROLLMENT FORM**

Today's Date _____

Start-Up Date _____

Date of Birth _____ Sex _____

Name of Child _____
Last Middle First

Name commonly used _____

Address _____ City _____ Zip _____

Personal (Home) Email Address _____

Father's Name _____
(or Guardian)
Address _____

Mother's Name _____
(or Guardian)
Address _____

Home Phone # () _____

Home Phone # () _____

Name of Employer _____

Name of Employer _____

Position Held _____

Position Held _____

Work Phone # () _____

Work Phone # () _____

Cell Phone # () _____

Cell Phone # () _____

Name(s) of other family members living at home:

Name _____

Relationship _____ Age _____

Name _____

Relationship _____ Age _____

Name _____

Relationship _____ Age _____

Field Trip Authorization

I hereby give permission for my child _____ to go on any field trip or excursion planned by Issaquah Montessori unless otherwise notified.

Parent's Signature _____ Date _____

Photo Authorization

I hereby give permission for my child _____ to be photographed or videotaped for the sole purpose of our school website, parent roster and/or classroom photo albums.

Parent's Signature _____ Date _____

Child Care Authorization

I authorize Issaquah Montessori to provide care for my child. I certify that the information provided in this application is correct to the best of my knowledge.

Parent's Signature _____ Date _____