



*Hazard Lions Club Montessori School*  
*608 High Street*  
*Hazard, KY 41701*  
*Phone (606) 439-0078*

## **ENROLLMENT APPLICATION**

### **Infant**

**CHILD'S NAME** \_\_\_\_\_  
**First Middle Last**

\_\_\_\_\_  
**Date of Birth Place of Birth Male or Female**

\_\_\_\_\_  
**Date of Enrollment Part Time/Full Time Date of Withdrawal**

The Lions Club Montessori School does not discriminate on the basis of race, color, national origin, sex, age or disability.

\_\_\_\_\_  
**Mother's Name Phone Father's Name Phone**

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

\_\_\_\_\_  
**Occupation Occupation**

\_\_\_\_\_  
**Business Address Phone Business Address Phone**

**BROTHERS AND SISTERS**

Name and Age

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**GRANDPARENTS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address and Phone

Marital Status of Parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Relative/Guardian \_\_\_\_\_

Who has legal guardianship or custody of the child listed on the application?

Name	Address	Phone
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Name of Child's Caretaker	Address	Relationship to Child
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List authorized Pick-Up other than Parent:

Name	Address	Phone
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

The child may not be picked up by any person other than listed above. Please notify the school of any changes to the list.

**INFORMATION ABOUT YOUR CHILD**

1. Has your child been introduced to solid foods yet? \_\_\_\_\_ If yes, what type?

Baby Food \_\_\_\_\_ Table Food \_\_\_\_\_

Is yes, what is your child's feeding schedule?

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2. Is your child sensitive to any foods? \_\_\_\_\_ Please list \_\_\_\_\_

3. What type of food does your child like \_\_\_\_\_ dislike \_\_\_\_\_?

4. Describe your child's sleep routine (length, time of day, crying when sleepy, special blanket, etc.)

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5. Describe your child's temperament (likes to cuddle, outgoing, shy, cries a lot, etc.)

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6. What type of diapers does your child use? \_\_\_\_\_ Does your child use powders, creams, other things particular to your child's diaper changing routine

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7. Is your child prone to diaper rash? \_\_\_\_\_ What treatment do you use? \_\_\_\_\_

8. How does your child let you know he/she is hungry? \_\_\_\_\_

Tired \_\_\_\_\_ Over-stimulated \_\_\_\_\_?

9. Is your child afraid of anything? \_\_\_\_\_

10. Does your child separate from you easily? \_\_\_\_\_

11. Does your child have a favorite toy, blanket? \_\_\_\_\_

12. Does your child use a pacifier? \_\_\_\_\_

**HEALTH RECORD**

- 1. List all allergies and special precautions and/or treatment indicated for those allergies.**

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- 2. List medications, food supplements, use of modified diet or fluoride supplements currently being administered to your child.**

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- 3. List any chronic physical problems and any history of hospitalization and /or surgery.**

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- 4. List any diseases your child has had.**

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- 5. Do you have any health concerns about your child?**

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- 6. What are your child's strengths?**

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- 7. What are your child's weaknesses or areas you feel they may need help in.**

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- 8. Give specific directions to your home.**

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Please complete contact information in the event of an emergency and the school cannot contact you:

(1) \_\_\_\_\_  
Name Address Phone

Relationship to child \_\_\_\_\_

(2) \_\_\_\_\_  
Name Address Phone

Relationship to child \_\_\_\_\_

**Health Provider Information:**

(1) Name of Physician and/or Clinic

\_\_\_\_\_

Name

Address

Phone

(2) Name of Dentist and/or Clinic

\_\_\_\_\_

Name

Address

Phone

**Preferred Medical Facility:** \_\_\_\_\_

**Phone Number of Hospital/Medical Facility** \_\_\_\_\_

**Emergency Permission to Transport Child:**

**I give the Hazard Lions Club Montessori School permission to transport my child/children for emergency medical or dental care to the nearest available source of assistance. All efforts will be made to contact the parent or guardian before transporting the child. If unable to reach to parent or guardian, the school will make arrangements for emergency transportation for the child (9-1-1, etc.).**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**I understand that when enrolling my child/children in the Hazard Lions Club Montessori School program that I am responsible for all cost associated with the child's attendance at the school to include the cost of activities and tuition.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**I have received copies of the Policies of the HLC Montessori School, a Daily Schedule, and the Parent and Child's Rights.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**