



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

## **ENROLLMENT APPLICATION**

### **Toddler**

**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.

## HEALTH RECORD

1. List all allergies and any special precautions and treatment indicated for these allergies (e.g., foods, medications, or environmental allergies). \_\_\_\_\_  
\_\_\_\_\_
2. List medications, food supplements, modified diet or fluoride supplements currently being administered to your child. \_\_\_\_\_  
\_\_\_\_\_
3. List any chronic physical problems and/or history of hospitalization. \_\_\_\_\_  
\_\_\_\_\_
4. List any diseases your child has had. \_\_\_\_\_  
\_\_\_\_\_
5. List any concerns or questions you may have about your child or concerns of other family members, teachers, doctors, daycare provider, etc. \_\_\_\_\_  
\_\_\_\_\_
6. What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_
7. What are your child's weaknesses or areas you feel they may need help with. \_\_\_\_\_  
\_\_\_\_\_

**8. Is your child afraid of anything? Describe your child's temperament (active, likes to cuddle, etc.). Does your child have a favorite toy, blanket or "Cuddle Buddy"?**

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**9. List any information about your child you think we should know.**

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**10. Describe your child's nap routine.**

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**11. Does your child separate from you easily? Is not, what techniques to you use when leaving him/her?**

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**12. How do you discipline your child?**

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**13. Do you feel your child is ready to be potty trained? Have you begun this process at home? Is so, how is this what is your usual procedure and how is this progressing?**

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**14. Is your child in pull-ups or diapers?**

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**15. Does your child feed himself/herself?**

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**16. Please give specific directions to your**

home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.).**

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**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.**

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**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.**

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**Parent/Guardian Signature**

**Date**