



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

ENROLLMENT APPLICATION Preschool

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. List any information about your child you think we should

know. _____

9. 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 _____

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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