



Downtown Montessori Academy

2507 South Graham Street
Milwaukee, Wisconsin 53207
414-744-6005

www.downtownmontessori.com

Grade _____

Room _____

Office Use Only

Enrollment Application

Application Date _____

First day of Attendance _____

Child's Name _____
First MI Last Nickname

Address _____
Street City State Zip

DOB _____ Sex _____ Race _____

Language spoken at home: _____

Does your child have an IEP? Yes No

How did you hear about Downtown Montessori Academy?: _____

Please list siblings:

Name Age

Parents Name _____ Telephone _____
Guardian First MI Last Cell Phone _____

Home Address _____
Street City State Zip

Employer _____ Address _____
Street City State Zip

Work Phone _____ Work Cell Phone _____

E-mail Address _____

Parents Name _____ Telephone _____
Guardian First MI Last Cell Phone _____

Home Address _____
Street City State Zip

Employer _____ Address _____
Street City State Zip

Work Phone _____ Work Cell Phone _____

E-mail address _____

Intended Schedule: Please indicate the starting and ending time for each day you expect your child to attend

Note: the half-day school day begins at 8:45 and concludes at 11:45, full-day begins at 8:45 and concludes at 3:30. Any additional care time needed will be billed as child care.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| Starting | | | | | |
| Ending | | | | | |

**for fees, please refer to fee schedule

Prior School information:

Name of school _____ Contact person _____

Address _____ Telephone _____

Last grade completed _____ Type of School _____

Health History

1. List any serious illnesses your child has had within the last six months:

2. Does your child have any allergies? Yes No

if "yes", please list allergies and indicate special precautions and/or care needed:

3. Does your child have a history of any of the following:

Physical handicaps

Rheumatic fever

Asthma

Seizures

Diabetes

Other: _____

Heart problems

*If you have checked any of these items please attach a separate sheet explaining any special emergency care or other information for the staff or care provider

4. Child's Physician: _____

Telephone: _____

Address: _____

Current on immunization?

Date of last physical: _____

Yes No

Date of last eye exam: _____

Please complete and return with this application, the provided immunization and physical form

5. Child's Dentist: _____

Telephone: _____

Address: _____

Contract—Please read carefully and sign below

1. I give permission for my child to participate in field trips and walks in the vicinity of Downtown Montessori Academy during operation hours. I understand that details of field trips will be sent to me in advance of each trip.
2. I have reviewed the Before and After school tuition policy of Downtown Montessori Academy and agree to abide with it. In particular, I recognize that unless other arrangements have been made with the school, tuition/day care is due in advance at the start of each month and I agree to give the school at least one month's notice if I decide to withdraw my child. I understand that a \$50 registration fee, paid to DMA, is due upon enrollment in the child care program.
3. I agree it is important for me to be involved with my child's education and with the school. During the coming year, I will spend at least four hours with activities to improve the school.
4. I shall consult with my child's teacher or the director whenever I have questions or concerns about my child's development at the school.
5. I am aware that the children are taken outside every day that the weather permits. I will keep my child home if too ill to go outside. Additionally, I will keep my child at home if my child has a contagious illness.
6. I will notify the school in the event my child is going to be absent for any reason. I am aware that no tuition credit is given for absences or vacations.
7. I hereby authorize the Downtown Montessori Academy to take my child to its emergency care provider or doctor, as listed on the Information Board, in the event that the school is unable to contact the parents or any of the emergency numbers listed above. I understand that in some medical emergencies the school may need to call on local emergency resources before notifying the parents, child's doctor, or other adult, listed above, acting on the parent's behalf.
8. I understand that DMA implements a dress code for it's students (See Parent/Student Handbook p.) and I agree to adhere to this policy.
9. As a Green and Healthy School I understand that DMA encourages healthy lunches and snacks and I agree to follow the suggestions outlined in the Parent/Student Handbook (p,) to the best of my ability.
10. I understand DMA has a website that is updated often and that I can use this website to get the most up to date news and events happening at DMA.

Signature of parent of guardian

Date