



# 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** \_\_\_\_\_  
Legal First Name MI Legal Last Name Preferred Name

Address \_\_\_\_\_  
Street City State Zip

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

How did you hear about Downtown Montessori Academy?: \_\_\_\_\_

Please list siblings:

Name	Age

Does your family qualify for Free or Reduced Lunch?

Yes, Free or Reduced       No, Full Pay

**Parent Name** \_\_\_\_\_ Telephone \_\_\_\_\_  
**Guardian** First MI Last Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Employer \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Parent 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 \_\_\_\_\_

**Emergency Contact** (when parents cannot be reached) **MUST BE COMPLETED**

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

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
First MI Last Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City State Zip

**Pick up Authorization:** The following people are authorized to pick up my child(ren) from DMA (if address is supplied above, please complete name only)

Parent 1: Yes  No  Parent 2: Yes  No

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
First MI Last Cell Phone \_\_\_\_\_

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

Home Address \_\_\_\_\_  
Street City State Zip

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City State Zip

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
First MI Last Cell Phone \_\_\_\_\_

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

Home Address \_\_\_\_\_  
Street City State Zip

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Street City State Zip

The following people are NOT authorized to pick up my child(ren):

Name \_\_\_\_\_

Name \_\_\_\_\_

**Legal Custody**

If a court order for legal custody and/or placement of your child has been entered, please provide the following information:

Legal Custodian(s): \_\_\_\_\_

Primary Placement parent: \_\_\_\_\_

For parents having fixed periods of placement, state the period of each parent's placement or attach copy of the order.

**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 time needed will be billed as child care (7:00am-8:45am, 3:30pm-5:30pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
Starting					
Ending					

I will be needing child care with breaks.

\*\*For fees please see the rate schedule\*\*

**Prior School information:**

Name of school \_\_\_\_\_ Contact person \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Current Grade \_\_\_\_\_ 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: \_\_\_\_\_

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 payment 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. Childcare fees are 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 non-refundable \$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) 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 to the best of my ability.
10. I understand DMA has a website and email list serv.that is updated often and that I can use these platforms to get the most up to date news and events happening at DMA.

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Signature of Parent or Guardian

Date

*Downtown Montessori Academy does **not discriminate on the basis of** race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, or any other **basis of discrimination** prohibited by law.*