

**Student Enrollment Application**  
**Tomorrow's Hope Montessori School**

Entrance Date: \_\_\_\_\_ Withdrawal Date : \_\_\_\_\_

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ Child's Middle Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mother/Guardian Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father/Guardian Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Child's Living Arrangements: (Circle one)**      **Both Parents**      **Mother Only**  
**Father Only**      **Other: \_\_\_\_\_**

**Child's Legal Guardian(s): (Circle one)**      **Both Parents**      **Mother Only**  
**Father Only**      **Other: \_\_\_\_\_**

**This child may be released to the person(s) signing this agreement or to the following alternate authorized persons:**

\_\_\_\_\_  
Name Relationship Telephone

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

\_\_\_\_\_  
Name Relationship Telephone

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

**Persons to contact in the case of emergency when parents and/or guardians cannot be reached:**

\_\_\_\_\_  
Name Relationship Telephone

\_\_\_\_\_  
Name Relationship Telephone

**Child's Doctor/Clinic Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**My child has the following special needs:** \_\_\_\_\_

**My child is currently on medication(s) prescribed for long term continuous use and/or has the following preexisting illness, allergies, or health concerns:** \_\_\_\_\_

**Other important circumstances or information:** \_\_\_\_\_

## **EMERGENCY MEDICAL AUTHORIZATION**

In the event that my child, \_\_\_\_\_ (date of birth) \_\_\_\_\_  
suffer an injury or illness while in the care of Tomorrow's Hope Montessori School and the school is unable to contact  
me (us) immediately, it shall be authorized to secure such medical attention and care for my child as may be  
necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_