



McMillen Montessori School

Registration Form

Child's Name _____

Date of Birth _____

Home Address _____

Mother's Name _____

Mother's Phone Number _____

Mother's Email Address _____

Father's Name _____

Father's Phone Number _____

Father's Email Address _____

Legal Guardian's Name _____

Legal Guardian's Phone Number _____

Legal Guardian's Email Address _____

Does your child have any allergies or ongoing medical conditions? If so, please explain, including any medications that will need to be administered during school hours (medication form to be filled out at the time of enrollment).

What are your hopes and expectations for your child while a part of our school community?
