

## McMillen Montessori School Registration Form

Child's Name	
Date of Birth	
Home Address	
Mother's Name	
Mother's Phone	
Mother's Email	Address
Father's Name	
Father's Phone	Number

Father's Email Address
Logal Cuardian's Name
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?

Tell us about your child! Are they a people person or a bit on the shy side? Do they still need a rest in the middle of the day? What are their favorite activities, foods, songs, animals, games or toys? Please tell us anything and everything you'd like us to know about your little one!				