



Administration Office

5005 Main St.
Springfield, OR 97478
(541) 726-2654

admin@mainstreetmontessori.org

5th Street School

1942 5th St.
Springfield, OR 97477
(541) 726-2654

sara@mainstreetmontessori.org

W. 10th School

708 W. 10th Ave
Eugene, OR 97402
(541) 349-9797

jennifer@mainstreetmontessori.org

Enrollment Application

Child's Name (first, last): _____ Nickname: _____ Date of Birth: _____
Date Entered Care: _____ Age: _____ Desired Start Date: _____
Preferred Schedule: Half Day Half Day w/ Lunch Extended Half Day Montessori Day Extended Day

Parent or Guardian Contact Information

Name (first, last): _____ **Relationship:** _____
Home Address: _____ **City:** _____ **Zip:** _____
Home Phone: _____ **Cell:** _____ **Work:** _____
Employer and Work Hours: _____
Email: _____

Work Address: _____ **City:** _____ **Zip:** _____
Name (first, last): _____ **Relationship:** _____
Home Address: _____ **City:** _____ **Zip:** _____
Home Phone: _____ **Cell:** _____ **Work:** _____
Email: _____
Employer and Work Hours: _____
Work Address: _____ **City:** _____ **Zip:** _____

Emergency Contact Information

Name (first, last): _____ **Phone:** _____ **Relationship:** _____
Name (first, last): _____ **Phone:** _____ **Relationship:** _____

Non-Emergency Contact Information

Name (first, last): _____ **Phone:** _____ **Relationship:** _____
Name (first, last): _____ **Phone:** _____ **Relationship:** _____

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable): _____
Primary Physician Name: _____ **Phone:** _____
Dental Provider: _____ **Phone:** _____

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

- My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form).
- My child may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).
- My child may be photographed for publicity or news purposes On Site Off-Site
- My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, and antibacterial first aid cream. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parents or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medication must be current and a permission slip is required per each medication.

In an emergency, Children's Choice Montessori has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.



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Child's Information

Has your child previously been in child care? If yes, what type of care and for how long? _____

Reason for requesting care: _____

General Information (please include information that will assist us in providing quality care)

Likes and Dislikes: _____

Eating Habits and Schedule: _____

Sleeping Habits and Schedule: _____

Play: _____

Fears: _____

Special Words and their meanings: _____

Medical Information

Does your child have allergies? Yes No Has your child had chickenpox? Yes No

List all allergies or other health problems including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?

Other Children in Home

Name (first, last): _____	Nickname: _____	Age: _____	Gender: _____
Name (first, last): _____	Nickname: _____	Age: _____	Gender: _____
Name (first, last): _____	Nickname: _____	Age: _____	Gender: _____
Name (first, last): _____	Nickname: _____	Age: _____	Gender: _____

Special Transportation Arrangements

Office of Child Care required a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicated the child care facility's transportation plan:

_____ (Child) attends _____ (school). He/She will be transported/escorted between the child care facility and the school by (check applicable type): school bus, head start bus, child care facility or will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact: parent/guardian or the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (specify activity: i.e. work with teacher after school attend an extracurricular class/meeting, depart for home at specific time, etc.) _____

Parent/Guardian Signature _____ Date _____