

LITTLE PEOPLE'S MONTESSORI SCHOOL

7500 North Skokie Boulevard, Skokie, IL 60077 | 847.674.1808

REGISTRATION

1. Registration will be given to Skokie residents and non-residents.

ENROLLMENT

1. The child must be two years of age at the time of enrollment.
2. Parents must have completed and placed on file at the center by the first day of attendance, the following forms:
 - a. Signed New Enrollment form
 - b. Medical examination with all required immunizations not older than 6 months from the starting date
TB test with result not older than 6 months from starting date
Lead Risk Questionnaire/Lead Screening
 - c. Permission forms
 - d. Application for registration
 - e. Toileting information
 - f. Signed Centers Policies
 - g. Signed Verification of Department of Children and Family Services Pamphlet
 - h. Signed Emergency Information form
 - i. Signed Transportation Permission form
 - j. In case of divorce or separation, court papers must be on file
 - k. Child's birth certificate (original presented and file copy for the center)
3. Parents must spend a morning observing and visiting the classroom with their child.

HOLIDAYS AND CLOSINGS

Little People's Montessori School will be closed for the following holidays:

- New Year's Day
- Martin Luther King's Day
- President's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving Day and the Friday following Thanksgiving Day
- WINTER BREAK

**There is no reduction in tuition for these holiday closings.

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APPLICATION FOR ENROLLMENT

Child's Name: _____ Birth Date: _____

Child's Address: _____

Home Phone # () _____ - _____ Requested Days of Admission: _____

Requested Days of Enrollment: FT: _____ PT: M ___ T ___ W ___ Th ___ F ___ Hrs. _____

Mother's Name (or legal guardian): _____

Mother's Home Phone # () _____ - _____ Work Phone # () _____ - _____

Cell Phone # () _____ - _____

Mother's Business Name: _____

Address: _____

Father's Name (or legal guardian): _____

Father's Home Phone # () _____ - _____ Work Phone # () _____ - _____

Cell Phone # () _____ - _____

Father's Home Address: _____

Father's Business Name: _____

Address: _____

Parental Status: Living Together _____ Divorced _____

Separated _____ Other _____

Signature of Parental/Legal Guardian

Date

For Office Use Only:

Waiting List _____ Classroom Group Enrolled _____ Intake Dates _____

Date Enrolled _____ Date Discharged _____

Child's Name: _____

Primary People Authorized to Pick Up Child

1. Name: _____ Relationship to child: _____

Home Phone #: _____ Cellular Phone #: _____

Home Address: _____

Business Name: _____ Work Phone #: _____

Business Address: _____

2. Name: _____ Relationship to child: _____

Home Phone #: _____ Cellular Phone #: _____

Home Address: _____

Business Name: _____ Work Phone #: _____

Business Address: _____

3. Name: _____ Relationship to child: _____

Home Phone #: _____ Cellular Phone #: _____

Home Address: _____

Business Name: _____ Work Phone #: _____

Business Address: _____

4. Name: _____ Relationship to child: _____

Home Phone #: _____ Cellular Phone #: _____

Home Address: _____

Business Name: _____ Work Phone #: _____

Business Address: _____

Emergency Information

Name of Child's Physician: _____ Phone #: _____

Address: _____

Certified Christian Science Practitioner: _____

Phone #: _____

Address: _____

PEOPLE WE MAY CALL IN CASE OF AN EMERGENCY AND RELEASE YOUR CHILD TO:

(Note: We always try to contact the parents first, then proceed to the emergency list)

1. Name: _____ Relationship to child: _____
Home Phone #: _____ Cellular Phone #: _____
Home Address: _____
Business Name: _____ Work Phone #: _____
Business Address: _____
2. Name: _____ Relationship to child: _____
Home Phone #: _____ Cellular Phone #: _____
Home Address: _____
Business Name: _____ Work Phone #: _____
Business Address: _____
3. Name: _____ Relationship to child: _____
Home Phone #: _____ Cellular Phone #: _____
Home Address: _____
Business Name: _____ Work Phone #: _____
Business Address: _____

Contingency Persons Authorized to Pick-Up Child

1. Name: _____ Relationship to child: _____
Home Phone #: _____ Cellular Phone #: _____
Home Address: _____
Business Name: _____ Work Phone #: _____
Business Address: _____

2. Name: _____ Relationship to child: _____
Home Phone #: _____ Cellular Phone #: _____
Home Address: _____
Business Name: _____ Work Phone #: _____
Business Address: _____

3. Name: _____ Relationship to child: _____
Home Phone #: _____ Cellular Phone #: _____
Home Address: _____
Business Name: _____ Work Phone #: _____
Business Address: _____

4. Name: _____ Relationship to child: _____
Home Phone #: _____ Cellular Phone #: _____
Home Address: _____
Business Name: _____ Work Phone #: _____
Business Address: _____

Signature of Parent/Legal Guardian

Date

Child's Name: _____

PERMISSION FORM

I hereby authorize the staff of Little People's Montessori School to arrange for emergency medical care for my child, _____, while he/she is in the individual's custody. In cases of accident of health emergency, paramedics will be called. In addition, CPR and first aid administration is authorized and every effort will be made to contact parents immediately.

Parent/Legal Guardian Date

My child has permission to participate in all outdoor activities on the school premises. All outdoor activities will be scheduled on a daily basis, weather permitting. Any scheduled trip off the premises will require a signed permission form. I understand that transportation will be used for these trips and my child will be supervised and safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility. Individual permission forms will be forwarded to parents prior to each event. We would appreciate your prompt reply to these announcements. Those children without signed parental permission slips will not be allowed to participate in the trips.

Parent/Legal Guardian Signature: _____

Date: _____

Director's Signature: _____

I, (Parent's name _____), consent / do not consent (please circle one) to having my child's photograph used for publicity purposes by Little People's Montessori School. I understand that Little People's Montessori School will use m child's photograph strictly on a non-profit basis.

Parent's signature: _____ Date: _____

I/We have reviewed the Little People's Montessori forms and give my/our permission as stated herein.

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____ Date: _____

Received by: _____ Date: _____

Child's Name: _____

Acknowledgement

I have read and fully understand any program Little People's Montessori School policies has provided to me.

I have received the packet of Little People's Montessori School's Parent Handbook and agree to the terms stated herein.

I understand that Little People's Montessori School reserves the right to refuse service to families that are not in accordance with the Little People's Montessori School policies.

Parent/Legal Guardian's Signature

Date

Received by

Date

CHILD AND FAMILY HISTORY

GENERAL INFORMATION

Child's Name: _____ Nickname: _____

Date of Birth: _____ Sex: _____

Names and Ages of Other Children Living at Home

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name and Relationships of Other Adults Living at Home Other than Parents

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PERSONAL HISTORY

Type of Birth: Normal () Premature () Any Complications? _____

How much did he/she weigh at birth? _____

Did he/she eat well as an infant? _____

Age he/she began talking? _____ Does child speak in sentences? _____

What is your child's main language? _____

Does your child speak more than one language? _____

If yes, what language? _____

Does your child have his/her own bed? _____ Own room? _____ If not, who does he/she share with? _____

Does your child typically nap during the day? If so, for how long? _____

SOCIAL RELATIONSHIPS

Who usually has primary responsibility for your child at home? _____

Who cares for your child when parents are not home? _____

If you work outside of the home, who takes care of your child so that you can work?

Has it been necessary for your child to be away from the mother for an extended period of time? _____ If yes, please explain _____

Does father, or another male, spend time with the child? _____

Who else does your child have a lot of contact with? _____

How does our child get along with other children? _____

Has your child previously attended preschool or other classes with children? _____

How would you describe your child's overall personality? _____

How long can your child play well alone? _____

Does your child prefer playing with others or alone? _____

GENERAL BEHAVIOR

How does your child express his/her emotions (ie. Happy, angry, sad, etc.)? _____

Does your child have any special fears? _____

How does your child behave when you have him/her? _____

Is he/she easily frustrated? _____ If yes, how do you handle his/her frustration?

How do you discipline your child? _____

How is this child developing compared to your older children? _____

HEALTH

Any serious illnesses or hospitalization? _____

Any physical disabilities? _____

Does child take any medication or have a special diet? _____

What illnesses has your child had? _____

Any accidents or injuries? _____

Any allergies or medications, foods, or other things? _____

TOILET HABITS

Can child pull up and down pants and underpants without help? _____

Can child wash and dry hands without help? _____

Does child ask to use the toilet, or does he/she need to be reminded? _____

Does your child have toilet accidents during the day? _____

What words does your child use to describe the following toilet functions?

Urination: _____ Defecation: _____

SLEEPING HABITS

What time does your child go to bed at night? _____ How many hours does he/she

sleep throughout the night? _____