



SUMMER PROGRAM APPLICATION

Please submit one page for EACH child applicant

Splendor Bilingual Montessori School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally made available to students at the school.

Childs's name (last, first) \_\_\_\_\_

Other name(s) your child prefers to be called \_\_\_\_\_

Birth date (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_ Gender: [ ] Male [ ] Female

Child's Health Care Provider \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Allergies \_\_\_\_\_

Reaction/Action to Take \_\_\_\_\_

What would you like us to know about your child? (Check all that apply and explain below)

[ ] Temperament [ ] Learning Style [ ] Socialization Style [ ] Interests

Comments or additional information \_\_\_\_\_

Table with 5 columns: Siblings' Name, Age, School, Grade, Gender (M/F). Contains 3 empty rows for data entry.

Previous Preschool Experience

School Name \_\_\_\_\_ Dates \_\_\_\_\_

School Name \_\_\_\_\_ Dates \_\_\_\_\_

Splendor Bilingual Montessori School • Summer Program Application

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

Marital Status of parents:  Single  Divorced  Separated  Married

If separated or divorced, please explain the visitation arrangements for your child. If there has been a custody decision, please list the name(s) of persons NOT PERMITTED to pick up your child from school.

\_\_\_\_\_  
\_\_\_\_\_

Please list below, in preferential order, anyone other than the parents who has authorization to pick up your child in the case of a medical emergency, or in the event that neither parent can be reached.

Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name #3 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_