

The 12th Street Collaborative for Montessori Education, LLC

☎ (916) 444-7786

dba Sacramento Montessori School, 1123 D Street

Fax (916) 444-7987

Sacramento, CA 95814

E-mail: foundcen@aol.com

SACRAMENTO MONTESSORI SCHOOL Enrollment Application-Family Information

Identifying Information:

Child's Name:

(Last)

(First)

(Middle Initial)

Child's address:

City:

State:

Zip:



Phone: () -

Child's date of birth: / /

Sex: Male Female

Child's Social Security Number: - -

Date of enrollment: / /

Desired attendance days: Mon. Tues. Wed. Thurs. Friday *Arrival time:*

Departure time:

Parent/Guardian/Authorized Representative Information

Enrolling Parent/Guardian:

(Last)

(First)

(Middle Initial)

Relationship to child:

Address:

City:

State:

Zip:



Phone: () -

Employer:



Employer phone: () - Ext.

Work Address:

City:

State:

Zip:

Work hours:

Driver's License Number:

Child's Primary Residence: With Mother With father With Both Parents With Guardian:

Guardian's/Authorized Representative's Name, if applicable:

Parent's Marital Status: Married Single Divorced *If divorced, who has legal custody:*

May the non-custodial parent pick up your child? Yes No *◆ If yes, include parent's name in release section below.*

◆ If no, court documentation may be required.

RELEASE OF CHILD FOR PICKUP

I hereby authorize the 12th Street Collaborative and the Sacramento Montessori School to release my child to the individual(s) named below.

Your child will be released *only* to the person named on this application or to the person(s) listed below:

1. Name: *Relationship to child:*

Address:

City:

State:

Zip:



Phone: () -

2. Name: *Relationship to child:*

Address:

City:

State:

Zip:



Phone: () -

Signed this _____ of _____, _____

By: _____
Parent/Guardian/Authorized Representative

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