

GABLES MONTESSORI SCHOOL
990 S. Le Jeune Road
Miami, Florida 33134
Tel. (305) 567-1900, Fax (305) 567-0749
www.gablesmontessori.org

Enrollment Form

Student Information:

Date of Enrollment _____
 Childs Name _____
 Birth Date Sex F M
 MM DD YY
 Home Address _____
 Street City State Zip Code
 Home Telephone _____

Parent Information:

Mother's Name _____
 Social Security No. _____ Driver's License No. _____
 Employer: _____
 Address of Employment _____
 Work Telephone No. _____ Cellular Phone _____
 E-mail Address _____

Father's Name _____
 Social Security No. _____ Driver's License No. _____
 Employer: _____
 Address of Employment _____
 Work Telephone No. _____ Cellular Phone _____
 E-mail Address _____

Siblings:

Name	Gender	Age	Address (if Different).		

Persons permitted to remove child/children from school:

Mother: Yes () No ()

Father: Yes () No ()

Guardian: _____

Others:

Name	Relationship	Telephone

Special Instructions:

Eating Habits	
Toilet	
Nap Time	
Outside Time	

Health Information:

Physician's Name _____

Address _____

Telephone Numbers _____

Child's Birth: Normal ___ Premature ___ Overdue ___ C-Section ___

Weight at Birth: _____ Complications at Birth: _____

Age Child Walked _____ Potty Trained: Y () N ()

Serious Illness or Hospitalization: Y () N ()

Describe:

Is the child currently taking medications? Y () N ()

Describe type and dosages:

Allergies, dietary restrictions, physical or behavioral limitations:

Notes:

- 1. The child's current health certificates (blue and yellow forms) dated no earlier than May of the present year are required for all students. Your child will not be admitted without these forms.**
- 2. For admission to the Montessori 3 to 6 Program all children must be toilet trained by the first day of school. No pull-ups.**

Prior School Experiences:

Name and Address	Age

General:

How did you learn about our school:

What are your expectations for your child:

Note: A \$300.00 non-refundable enrollment fee must accompany this Form. The School reserves the right to dismiss any child that is not benefiting from the program.

Payment Method:

Cash _____ Check _____

Credit Card No. _____ Exp. Date: _____

Amex _____ VISA _____ Master Card _____

I hereby authorize Gables Montessori School to charge my credit card for the Application Fee referred to above.

Authorized Signature

PLEASE SUBMIT A RECENT PHOTO OF YOUR CHILD FOR OUR RECORDS.