

**Deadline for  
Open Enrollment  
April 14, 2016  
before 4:00 PM.**

Walden Green Montessori  
17339 Roosevelt Road  
Spring Lake, Michigan 49456

Date Received: \_\_\_\_\_  
Re-enrollment \_\_\_\_\_  
Grade \_\_\_\_\_  
(office use above)

# APPLICATION FOR ENROLLMENT

**2016-2017**

Applying For Grade \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

**Ethnicity** \_\_\_\_\_ **Language** \_\_\_\_\_

Past schools attended; list school, address, dates & **current grade**: \_\_\_\_\_

Mother's Name	_____	Father's Name	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Employer	_____	Employer	_____
Home Phone	_____	Home Phone	_____
Work Phone	_____	Work Phone	_____
Cell Phone	_____	Cell Phone	_____
Email Address	_____	Email Address	_____

**Marital Status of Parents:** Married    Remarried    Divorced    Single    Separated    Widowed  
*(please circle as applicable)*

**Child lives with:** Both Parents    Mother    Father    Other: \_\_\_\_\_

*Siblings: Please list name, ages and school of other children in the family*

Name	Age	School
_____	_____	_____
Name	Age	School
_____	_____	_____
Name	Age	School
_____	_____	_____

Are you familiar with the Montessori Philosophy?	Yes	No
Are you familiar with the Walden Green philosophy?	Yes	No
Have you met with the director to discuss Walden Green?	Yes, date _____	No
Have you taken a tour of the Walden Green facility?	Yes, date _____	No



Does your child have any medical conditions, medications or allergies?      Yes      No      If yes, explain: \_\_\_\_\_

Does your child have any behavioral challenges?      Yes      No      If yes, explain: \_\_\_\_\_

Does your child have an active IEP (special education)?      Yes      No      If yes, explain: \_\_\_\_\_

Emergency Contacts					
Name		Name		Child's Doctor	
Relationship		Relationship		Name	
Home Phone		Home Phone		Phone 1	
Work Phone		Work Phone		Phone 2	

What do you expect your child to gain from his/her experience at Walden Green? Please provide insights into your child.

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In what capacity can your family contribute to the Walden Green community?

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Field Trip Permission	
I hereby give my permission to Walden Green to transport my child in a vehicle and participate in field trips.	
_____	_____
<b>PRINTED NAME</b>	<b>SIGNATURE</b>

**PARENT'S SIGNATURE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child