

Applications are due by 4:00 PM on April 16, 2018.

Driver's License & Birth Certificate must be attached.

Walden Green Montessori
17339 Roosevelt Road
Spring Lake, Michigan 49456

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

APPLICATION FOR ENROLLMENT

2018-2019

Applying For Grade

Child's Legal Name Birth Date Sex

Ethnicity Language

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

Mother's Name Address City, State, Zip Employer Home Phone Work Phone Cell Phone Email Address
Father's Name Address City, State, Zip Employer Home Phone Work Phone Cell Phone 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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<b>Field Trip Permission</b>	
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**

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

\_\_\_\_\_  
**Signature**

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