

Applications are
due by 4:00 PM on
April 1, 2020

Walden Green Montessori
17339 Roosevelt Road
Spring Lake, Michigan 49456

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

APPLICATION FOR RE-ENROLLMENT

2020-2021

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.

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

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

PARENT'S SIGNATURE

Signature

Relationship to Child

Signature

Relationship to Child

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
Parent/Legal Guardian's Name			Home Phone ()	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			Cell Phone ()	Home Address (if not child's address)
City	State	Zip Code	City	State
Email Address (optional)			Email Address	
Employer Name			Work Phone ()	Employer Name
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.