



OFFICE USE ONLY ►

Date Received:

Grade:

CIR Received: Yes No

WALDEN GREEN MONTESSORI 2023-2024 APPLICATION FOR RE-ENROLLMENT

NOTE: Applications are DUE by 4:00 PM on March 29, 2023

Student Information

Child's Legal Name:		Applying for Grade: Y5 K 1 2 3 4 5 6 7 8							
Birthdate:	Sex:	Ethnicity:			Language:				

Previous School Attendance

School Name:	From 20__ to 20__	Grade(s):
School Name:	From 20__ to 20__	Grade(s):

Family Information

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:	Email:

Marital status of parents: Married Remarried Divorced Single Separated Widowed

Child lives with: Both parents Mother Father Other:

Sibling Name:	Age:	School:
Sibling Name:	Age:	School:
Sibling Name:	Age:	School:

continue on ►

Does your child have any medical conditions, medications, or allergies?		Yes	No
<i>If yes, please explain:</i>			
Does your child have any behavioral challenges?		Yes	No
<i>If yes, please explain:</i>			
Does your child have an active IEP (special education)?		Yes	No
<i>If yes, please explain:</i>			
Emergency Contacts			
Name:	Relationship:	Home Phone:	Work Phone:
Name:	Relationship:	Home Phone:	Work Phone:
Doctor:		Phone 1:	Phone 2:
What do you expect your child to gain from his/her experience at Walden Green this year?			
Please describe your child in the following areas (both inside and outside of school)			
Socially:			
Talents:			
Strengths:			
Opportunities for Growth:			
Field Trip Permission			
<i>I hereby give my permission to Walden Green to transport my child in a vehicle and participate in field trips.</i>			
Printed Name:		Signature:	
Parent/Guardian Signatures			
Signature:		Signature:	
Relationship to Child:		Relationship to Child:	

CHILD INFORMATION RECORD

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

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
Zip Code				
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)	
Primary Phone ()				
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)	
2 nd Phone (if applicable) ()				
City	State	Zip Code	City	State
Zip Code				
Email Address (optional)			Email Address (optional)	
Employer Name		Work Phone ()	Employer Name	
Work Phone ()				
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

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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.	

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