Bluebird Montessori School, LLC 8124 Floyd Street (913) 433-8949 - director phone (913) 660-3860 - school phone

directortbasinger@gmail.com www.bbmontessorischool.com (coming soon)

Student Enrollment Form

Personal Information:				
Start dateName of Child:		DOB:	SS#	
Mother's Name:	DOB:	Last 4 of S	SN#	
Mother's Maiden Name:				
Home Address		_Cell Phone		
Mother's Occupation:Work Address				
Work Phone Email		Residence	Phone	
Father's Name	DOB:	SS#		
Home Address Cell Phone Father's Occupation: Work Address				
Father's Occupation: W	ork Address			
Work PhoneEmail		Residence	Phone:	
Parent's Martial Status () Married () Separated () Divorced () Widowed				
If parents are separated, who has legal custody				
If parents are separated, who has legal custodyHas your child had any group or school				
experience before? If so, please explain:		-		
Group or School contact person name and phone number:				
Please list all languages spoken in the home:				
Is your child toilet trained?Any other information about your child which would help BBMS				
staff better care for and understand your child?				
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Persons Authorized to Call for your Child	l:			
No child will be released without specific p		arents and withou	ut proper identification:	
NameAddress			one	
NameAddress		Pho	one	
NameAddress	Phone			
		Phone		
Name Address				
Emergency Information:				
Doctor's NameA				
Doctor's NameA				
Friend or Relative we can contact in an En	nergency should	parents be unava	ilable:	
NameAddress		Pho	one	
	Address			
Attendance Days Preference:				
MondayTuesday	Wednesday _	Thursday	Friday	
Hours my child will be at Bluebird Montes	sori School:	a.m. to	p.m.	
•		_		
How did you learn about Bluebird?				
-				
Referred by:				
*Please remit a non-refundable deposit wit	h this form: Venn	no @Bluebird-Mor	ntessori-1 or check .	