



H O M E S T E A D  
*Montessori Farm School*

**Student Enrollment Record**

**Student Information:** Child's name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_

**Parent's information:**

**Mother's name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work hours: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Father's name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work hours: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parents' marital status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If parents are separated or divorced, who has custody of the child? \_\_\_\_\_ Father \_\_\_\_\_ Mother

Please list any extracurricular activities (i.e. gymnastics, karate, dance, piano etc.):

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Church or religious affiliation? \_\_\_\_\_

Other languages spoken at home:

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What allergies does your child have?

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Please list any physical, emotional or medical challenges your child is facing:

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Enrollment Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Date deposit paid: \_\_\_\_\_ How did you hear about Homestead Montessori? \_\_\_\_\_

If referral please provide family name: \_\_\_\_\_