

South Jordan Montessori School
2337 W. Bonanza Court
South Jordan, Utah 84095
(801) 703-5237 or (801) 414-1149



APPLICATION FOR ADMISSION
For school year 2019-2020

Registration fees paid _____
(non-refundable)

Enrollment Options (circle one)

A.M. (Mon-Thurs)

P.M. (Mon-Thurs)

FULL DAY (Mon-Thurs)

PLEASE PRINT

Application Date ____/____/____

Child's Name _____ Sex _____ Birth date ____/____/____

Address _____ City/Zip Code _____/_____

Mother/Guardian _____ Employer _____

Address _____ Cell _____

Business Phone _____ Email _____

Father/Guardian _____ Employer _____

Address _____ Cell _____

Business Phone _____ Email _____

How did you learn about South Jordan Montessori? _____

Names and ages of brothers and sisters: _____

Describe any preschool/day care experiences: _____

Describe any physical or limiting conditions of your child, i.e. seizures, asthma, diabetes, allergies, heart disease, respiratory illness, drug reaction, speech difficulties, etc.:

Give instructions for the care of the above mentioned conditions:

Describe any pertinent social information or special needs of your child or write a brief paragraph about your child:

Persons other than parents/guardians designated to pick up children (they must show I.D. when doing so):

Name/Relationship _____ **Phone Number** _____

Address _____ **City/Zip** _____/_____

Name/Relationship _____ **Phone Number** _____

Address _____ **City/Zip** _____/_____

Name/Relationship _____ **Phone Number** _____

Address _____ **City/Zip** _____/_____

Persons to be called in case of illness or emergency if parent or guardian cannot be reached:

Name/Relationship _____ Phone Number _____

Address _____ City/Zip _____ / _____

Name/Relationship _____ Phone Number _____

Address _____ City/Zip _____ / _____

Name/Relationship _____ Phone Number _____

Address _____ City/Zip _____ / _____

Child's Physician _____

Name Phone Address

Child's Dentist _____

Name Phone Address

Emergencies

In the event of a serious emergency or illness, when the parent(s)/guardian(s) cannot be reached, I hereby authorize the staff of Jordan Montessori School to obtain emergency medical care, i.e. physician, dentist, paramedics, or other authorized emergency agents. I agree that if my child is injured while in the care of South Jordan Montessori that I will not hold the business or staff liable for any costs whatsoever associated with the injury unless said injury was caused by negligence.

Withdrawal

I understand that in order to withdraw my child, I need to give 30 days advance notice to allow my child's place to be filled. Additionally, I understand that if my tuition is paid monthly and is not paid by the 5th of each month, I will be charged a late fee of \$5.00 per day until said tuition is paid.

Field Trips

I give permission for my child/children to participate in field trips throughout the school year that I am notified of and will not hold South Jordan Montessori School liable for any accident or event that is beyond their control on any school sponsored trip.

I have read and understand the policies of South Jordan Montessori School. I have received a copy of said policies and agree to abide by them.

Printed Name _____

Signature of Parent/Guardian _____ Date ____/____/____