



7001 Forsyth Boulevard
Saint Louis MO 63105
(314) 863-9493

morning session
 afternoon session
 full day program

APPLICATION FOR ADMISSION TO A GROWING PLACE MONTESSORI SCHOOL

Application is hereby made for my child (full name) _____
Date of Birth _____ Primary phone contact _____
Home address _____ City/State/Zip _____
E-mail address _____
Address of other parent (if applicable) _____

Parent/ Father's name _____ Contact phone _____
Profession _____ Work phone _____
Name and Location of Employment _____

Parent/ Mother's name _____ Contact phone _____
Profession _____ Work phone _____
Name and Location of Employment _____

Describe your child (attributes, interests, etc.) _____

In case of emergency, call _____ **Please list one person in addition to parents**
Contact phone _____ Relationship to family _____
Name of doctor _____ Phone number _____
Describe allergic conditions or physical disabilities _____
Is the child under medication? _____ Describe _____

A copy of the child's immunization record is required before the start of school with updates as they occur.

My child, _____, has permission to participate in activities at A Growing Place Montessori School. My child is in good physical condition and should not be restricted from activities such as running, climbing, jumping, etc. Being assured by A Growing Place Montessori School that every precaution will be taken to ensure the safety of my child, I will not hold A Growing Place Montessori School or its staff members responsible for accident or injury that could occur under practical and normal supervision.

Parent signature Date Witness

An application fee of \$75 will hold your child's place in our classroom for the 20__ - 20__ school year.