



BM+ Registration Form

Child's Information

Child's First Name: _____ Child's last Name: _____
 Gender: _____ Birth Date: _____
 Place of Birth: _____ Nationality: _____

Family Information

Mother's Name: _____ Father's Name: _____
 Mother's Address: _____ Father's Address: _____
 City, State, Zip _____ City, State, Zip _____
 Home Phone: _____ Mother's Cell No: _____
 Email: _____ Father's Cell No: _____

Mother's Occupation, Address & Phone: _____

Father's Occupation, Address & Phone: _____

Other children in home (names & ages):

Adults in home other than parents (names & relationship):

Language/s spoken at home:

Previous daycare or preschool attended:

When would you like your child to start? _____

Choose the hours to enrol

Morning Session 7:15a.m to 1:30p.m

Full Day Session 7:15a.m to 3:30p.m

Emergency Contact

Please list the persons you would like contacted if you cannot be reached in case of emergency.

Mandatory:

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Terms and Conditions

I acknowledge that I have read and understand the above information. I further understand Bloomings Montessori Plus reserves the sole right to amend the conditions of this agreement or to terminate or place restrictions on my child's enrollment, if in Bloomings Montessori Plus sole discretion, my/our child's academic, emotions, health or behavioral situation of his/her well-being suggests such actions to be in the best interest of the school and/or my child.

Signature

Signature of Parent or Guardian Full Name of Parent or Guardian Date

ADMINISTRATION ONLY – PLEASE DO NOT FILL OUT:

Date of Appointment for Visit of the School: (Mondays and Thursdays) _____

Term of Commencement requested by parent: _____

Child’s age at the beginning of that term: _____

Date Offer of Seat and Invoice sent: For Term: _____

Phone call to inform of offer and Invoice: _____

Follow up call after one week if not settled – feedback: _____

Date Admission fees settled: _____