



Lehigh Valley Montessori Academy, LLC

Application for the 2010-2011 Academic Year

An application fee of \$50 is due with this application.

Child's Full Name _____

Preferred Name _____ Gender _____ Birthdate _____

Address _____

Phone _____ Email _____

Parents/Guardian

Mother _____

Home Address _____

Place of Employment _____

Phone (W) _____ (H) _____ (Cell) _____

Father _____

Home address _____

Place of Employment _____

Phone (W) _____ (H) _____ (Cell) _____

Marital Status _____ Who has legal custody? _____

Legal Guardian (if other than the parents) _____

Health Information

Please list any specific allergies or intolerance to food, medication, etc, and action to take in an emergency:

Child's Physician _____ Phone _____

Chronic physical problems and pertinent developmental information _____

Emergency Information

Name of two people to contact if parents cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

