



# Lehigh Valley Montessori Academy, LLC

## Application for the 2012-2013 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 \_\_\_\_\_

