



# ST. FRANCIS MONTESSORI

## Enrollment Form for Catechesis of the Good Shepherd 2021 – 2022 for Siblings of Montessori Families

### Children and Family

First Child's Name	Date of Admission	Date of Withdrawal
Second Child's Name (if applicable)	Date of Admission	Date of Withdrawal
Third Child's Name (if applicable)	Date of Admission	Date of Withdrawal
Fourth Child's Name (if applicable) For more children, add to reverse side.	Date of Admission	Date of Withdrawal

Please fill out the following, even if you filled it out on the Montessori Enrollment Form.

Father's Name	Home Phone	Cell Phone	Father's Email
Mother's Name	Home Phone (if different)	Cell Phone	Mother's Email

### Intent to Enroll

**Program.** Please select a program for each child from oldest to youngest.

First Child: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo

- ☐ Catechesis Level One (ages 3-6)  
\_\_\_\_ Monday 10:15 am -12:00 noon \_\_\_\_ OR Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Two (ages 6-9)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Three (ages 9-12)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Sacramental Preparation for First Communion and Reconciliation (usually the second year in the Level II Atrium)
- ☐ Sacramental Retreat for Confirmation (usually the second or third year in the Level III Atrium)

Child 2: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo

- ☐ Catechesis Level One (ages 3-6)  
\_\_\_\_ Monday 10:15 am -12:00 noon \_\_\_\_ OR Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Two (ages 6-9)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Three (ages 9-12)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Sacramental Preparation for First Communion and Reconciliation (usually the second year in the Level II Atrium)
- ☐ Sacramental Retreat for Confirmation (usually the second or third year in the Level III Atrium)

Child 3: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo

- ☐ Catechesis Level One (ages 3-6)  
\_\_\_\_ Monday 10:15 am -12:00 noon \_\_\_\_ OR Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Two (ages 6-9)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Three (ages 9-12)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Sacramental Preparation for First Communion and Reconciliation (usually the second year in the Level II Atrium)
- ☐ Sacramental Retreat for Confirmation (usually the second or third year in the Level III Atrium)

Child 4: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo

- ☐ Catechesis Level One (ages 3-6)  
\_\_\_\_ Monday 10:15 am -12:00 noon \_\_\_\_ OR Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Two (ages 6-9)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Three (ages 9-12)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Sacramental Preparation for First Communion and Reconciliation (usually the second year in the Level II Atrium)
- ☐ Sacramental Retreat for Confirmation (usually the second or third year in the Level III Atrium)

Child 5: \_\_\_\_\_ Age (as of September 1): \_\_\_\_ yr \_\_\_\_ mo

- ☐ Catechesis Level One (ages 3-6)  
\_\_\_\_ Monday 10:15 am -12:00 noon \_\_\_\_ OR Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Two (ages 6-9)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Catechesis Level Three (ages 9-12)  
\_\_\_\_ Monday 5:00-6:45 pm OR \_\_\_\_ Tuesday 5:00-6:45 pm
- ☐ Sacramental Preparation for First Communion and Reconciliation (usually the second year in the Level II Atrium)
- ☐ Sacramental Retreat for Confirmation (usually the second or third year in the Level III Atrium)

I accept the place St. Francis Montessori has reserved for my child(ren) named above. \_\_\_\_\_  
Initial

**Please feel free to leave any notes about your children here in which we can serve them better.**

**Medical Information****I. Medical conditions and medications.**

Please note any medical conditions of which our faculty ought to be aware. Please write SEVERE if it is a life-threatening condition. A doctor's emergency plan is required before the start of Atrium for SEVERE conditions.

Condition	Child 1:	Child 2:	Child 3:	Child 4:
Food Allergies				
Drug Allergies				
Other Allergies				
Heart Problems				
Physical Disability				
Asthma				
Respiratory				
Diabetes				
Vision (glasses, contacts)				
Hearing (hearing aid)				

Please list all medications taken on a regular basis.

Medications				
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**Emergency Care and Release of Liability****Physician and insurance**

Doctor or Medical Practice		Phone	Address	
Health Insurance Provider	Phone		Insurance ID	Group Number

**Permission for emergency care**

St. Francis Montessori has my permission, in case of an emergency when I cannot be contacted, to take my child(ren) to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child. \_\_\_\_\_ (initial)

**Release of Liability**

I agree to waive, release and discharge St. Francis Montessori, its administration, teachers, employees, and all successors, assigns, devisees, or representatives of any and/or all of the above-mentioned parties, from any and all claims which may arise on behalf of my child while my child is participating or engaged in school-related activities on or not on property owned, leased or used by the school.

I further acknowledge and agree that all medical, hospital, and other expenses which may be incurred by me or any person in my behalf, in connection with any incidents or accidents out of which the above-mentioned claims may arise, will become and are my/our sole obligation, and the parties herein discharged are released and discharged of any and all liability therefore. \_\_\_\_\_ (initial)

## Emergency Contact and Child Pick-Up Release

**Parents.** Please provide contact information here so that we will have all our emergency information on one page.

Father's Name	Home Phone	Business Phone	Cell Phone
Mother's Name	Home Phone (if different)	Business Phone	Cell Phone

**Others.** Please list other persons (a) whom we may contact in case of emergency if you are not available, and/or (b) who are authorized to pick up your child(ren) after Atrium. You may write SAME, if it is the same as your Montessori form.

<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		
<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		
<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		
<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		
<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		
<input type="checkbox"/> Emergency <input type="checkbox"/> Pick-up	Name	Phone	Relation
	Address		

## Signature

☐ I affirm that the information I have provided on this form, as an addendum to the Montessori form, is correct to the best of my knowledge, and I agree to all the provisions contained therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date