

**INFANT HOUSE  
APPLICATION FORM  
CHENAL VALLEY MONTESSORI SCHOOL**

Today's date \_\_\_\_\_ Fall enrollment \_\_\_\_\_ Spring \_\_\_\_\_

Infant's name: \_\_\_\_\_ gender: \_\_\_\_\_ (F/M)

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child primarily resides with (please circle): mother father both

Mother's name: \_\_\_\_\_

address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Mother's place of work \_\_\_\_\_

Address: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address same as mother's? (please circle): yes no

If not, Father's address \_\_\_\_\_  
\_\_\_\_\_

Father's place of work: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Father's home phone: \_\_\_\_\_ work phone: \_\_\_\_\_ cell: \_\_\_\_\_

Please give us the name of three individuals we may contact in case of an emergency:

1. \_\_\_\_\_ phone: \_\_\_\_\_

2. \_\_\_\_\_ phone: \_\_\_\_\_

3. \_\_\_\_\_ phone: \_\_\_\_\_

May we ask how you heard about our program?

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Please tell us a little about your baby: \_\_\_\_\_

Any medical conditions or special health issues we should be made aware of: \_\_\_\_\_

Please be made aware we will need the following things brought to us daily: baby bottle, formula, diapers/pull-ups, favorite toy or blanket, feeding schedule, nap schedule, and please provide a copy of your baby's current immunization records. Upon being accepted into the Montessori infant program, the lead teacher will contact you for an orientation.