



L a k e H i l l s M o n t e s s o r i S c h o o l

114 157th Ave. N.E.

Bellevue, WA 98008

425-746-5310

Application Date: _____

Applicant Information:

Child's Name _____ Boy _____ Girl _____ Age _____

Preferred Nickname _____ Birthdate _____

Address _____

Contact Phone Number: _____ Contact Email: _____

Family Information:

Father's Name _____ Employer _____

Home Address (If different from child's address)

Contact Phone _____ Contact Email _____

Mother's Name _____ Employer _____

Home Address (If different from child's address)

Contact Phone _____ Contact Email _____

Siblings Names and Birthdates _____

Others, besides parents, authorized to pick up child from school:

_____ Phone: _____

_____ Phone: _____

How did you hear about Lake Hills Montessori School?

Tell us about your child:

Has your child had a previous group or school experience?

If so, what kind of experience was it?

What do you see as your child's particular strengths:

What are you especially hoping for your child this year?

Medical Information:

Physicians name and phone number _____

Date of last physical examination _____

Does your child have any allergies? _____

Does your child have special needs, medical or otherwise?

Emergency contact if we cannot reach a parent:

Name _____ Phone: _____

Relationship to child _____

I hereby grant Lake Hills Montessori School permission to seek medical attention for my child in the event such treatment is deemed necessary, and those identified on this form are not able to be contacted. I further consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical treatments, tests, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable during his or her stay at a hospital.

Signature of parent or legal guardian: _____ Date _____

Please note that a complete immunization record or waiver is required prior to enrollment.

Parent's Authorization:

I authorize Lake Hills Montessori School to provide care for my child. I certify that the information provided in this application is correct to the best of my knowledge.

Signature of parent or legal guardian: _____ Date _____

Lake Hills Montessori School accepts children of any race, creed, religion and ethnic origin.