



PALENCIA MONTESSORI ACADEMY, Inc.
 332 PASEO REYES DRIVE
 ST. AUGUSTINE, FL 32095
 OFFICE: 904.217.7137
 www.palenicaextendedday.com

EXTENDED DAY ENROLLMENT FORM
 RECORD OF CHILD ACCEPTED

Child's Name: _____
Last First Middle Alias

Birth Date: _____ Sex: _____ Enrollment Date: _____

Child's Grade (2017-18 School Year): _____ Child's Teacher (if known): _____

Mother's Name: _____ Mother's SSN: _____

Mother's E-mail: _____ Does child live with Mom?: _____

Father's Name: _____ Father's SSN: _____

Father's E-mail: _____ Does child live with Dad?: _____

Mother	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone
Father	Home Address	Zip	Home Phone	Cell Phone
	Employer Address	Zip	Employer Name	Work Phone

Child's Physician: _____ Address: _____ Phone: _____

May Palencia Montessori Academy call another physician if unable to contact the above? Yes _____ No _____

I learned about Palencia Montessori Academy through: Friend Work Web Site Ad Other

Legal Custody

Person permitted to remove child:	Mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Father	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Guardian	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Persons in addition to parents/guardians to be contacted in case of illness, accident, or emergency and those persons authorized to remove Child from the facility. If none, indicate "None". If there are additional names that need to be added please attach an extended list and print and sign.

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Preferred Schedule

- Before & After School Full-Week (Monday – Friday)
- Before School Full-Week (Monday – Friday)
- Before School _____
- After School Full-Week (Monday – Friday)
- After School _____