

Montessori Academy of Windsor

Dusanka Stulic, Director and Principal

REGISTRATION FORM – PAGE 1

CHILD'S NAME: _____

Address: _____

Home phone: _____ D.O.B. _____

Previous school: _____

MOM/GUARDIAN NAME: _____

Employer: _____ Work phone: _____

Cell phone: _____

DAD/GUARDIAN NAME: _____

Employer: _____ Work phone: _____

Cell phone: _____

Mom or Dad's Email address: _____

Please list all of your child's daily medications:

1. _____

2. _____

Please list any of your child's allergies or food restrictions:

1. _____

2. _____

