

**Bluebird Montessori School, LLC**  
8124 Floyd Street (913) 433-8949 - director phone  
(913) 660-3860 - school phone  
directortbasinger@gmail.com [www.bluebirdmontessorischool.com](http://www.bluebirdmontessorischool.com)

**Student Enrollment Form**

**Personal Information:**

Start date \_\_\_\_\_ Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 of SSN# \_\_\_\_\_  
Mother's Maiden Name: \_\_\_\_\_ Car Tag#1 \_\_\_\_\_ Car Tag#2 \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_ Residence Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_ Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_ Residence Phone: \_\_\_\_\_  
Parent's Martial Status ( ) Married ( ) Separated ( ) Divorced ( ) Widowed  
If parents are separated, who has legal custody \_\_\_\_\_  
Is this the child's first separation from home? \_\_\_\_\_ Has your child had any group or school  
experience before? If so, please explain: \_\_\_\_\_  
Group or School contact person name and phone number: \_\_\_\_\_  
Please list all languages spoken in the home: \_\_\_\_\_  
Is your child toilet trained? \_\_\_\_\_ Any other information about your child which would help BBMS  
staff better care for and understand your child? \_\_\_\_\_

**Persons Authorized to Call for your Child:**

No child will be released without specific permission from parents and without proper identification:

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

**Emergency Information:**

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Friend or Relative we can contact in an Emergency should parents be unavailable:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Attendance Days Preference:**

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday  
Hours my child will be at Bluebird Montessori School: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

How did you learn about Bluebird? \_\_\_\_\_

Referred by: \_\_\_\_\_

\*Please remit a non-refundable deposit with this form: Venmo @Bluebird-Montessori-1 or check .