

Shooting Start Montessori School, LLC

Address: 9430 Gillette St, Lenexa, KS 66215
School phone (785)-224-6223

Website: www.ssmontessorischool.com
Email: directorthorton@gmail.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: _____

Home Address: _____ Cell Phone: _____

Mother's Occupation: _____ Work Address: _____

Work Phone: _____ Email: _____ Residence Phone: _____

Fathers's Name: _____ DOB: _____ Last 4 of SSN#: _____

Home Address: _____ Cell Phone: _____

Fathers's Occupation: _____ Work Address _____

Work Phone: _____ Email: _____ Residence Phone: _____

Car Tag#1 _____ Car Tag#2 _____ Car Tag#3 _____

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 SSMS staff better care for and understand your child? _____

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Persons Authorized to Call for your Child:

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

Name	Address	Phone

Emergency Information:

Doctor's Name	Address	Phone

Emergency Contact Information:

Relative or Friend Name	Address	Phone

Attendance Days Preference:

Monday	Tuesday	Wednesday	Thursday	Friday

Hours my child will be at Shooting Stars : _____ a.m. to _____ p.m.

How did you learn about Shooting Stars? _____

Referred by: _____

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