



IMMACULATA

CATHOLIC MONTESSORI EST. 2020

"True respect for the child recognizes an ideal which God wishes to make actual in him." - Dr Maria Montessori

For more information contact:
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 Immaculata Catholic Montessori

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Application

Child

Name _____ Age _____
first middle last

Date of birth _____ Birthplace _____ Sex ☐ M ☐ F
month/day/year (circle)

With whom does the child reside? father ___ mother ___ other _____

Is the child baptized? ____ (Y or N) If Y, When and where? _____

Previous school/childcare experience _____

Allergies, physical limitations _____

Dietary restrictions _____

Father

Legal custody? ☐ yes ☐ no (circle)

Name _____ occupation _____

Email _____ employer _____

Mailing address _____

Street address (if different) _____

Catholic? ____ Yes ____ No

Registered Parishioner at _____

Phone numbers #1 _____ text? ____ #2. _____ text? ____

Mother

Legal custody? ☐ yes ☐ no (circle)

Name _____ occupation _____

Email _____ employer _____

Mailing address _____

Street address (if different) _____

Catholic? ____ Yes ____ No

Registered Parishioner at _____

Phone numbers #1 _____ text? ____ #2. _____ text? ____

Brothers/Sisters (names and ages)

_____	_____
_____	_____
_____	_____

Physician

_____	_____	_____
name	clinic name	phone

Backup person who may be called in an emergency if you cannot be reached

_____	_____	_____	_____
name	phone	phone	relationship

Other persons authorized to take child from parish property

(Your child will not be allowed to leave the parish property without written authorization from a parent or guardian.)

_____	_____	_____	_____
name	phone	phone	relationship

_____	_____	_____	_____
name	phone	phone	relationship

_____	_____	_____	_____
name	phone	phone	relationship

Application procedure

- 1. Informational interview at the school with the parents and the teacher
- 2. Submit application, application fee of \$100, health history
- 3. School visit with child, parents, and the teacher
- 4. Upon acceptance, submit the following items to complete registration:
 - Enrollment contract
 - Consent to emergency treatment
 - Photo and immunization record permissions
 - First month's tuition

_____	_____	_____
Signature of Parent or Guardian	Print name	date