



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 _____

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