

Enrollment Application

1505 NW 8 Avenue, Miami, FL 33136 | 305-600-5015

Thank you for considering The Young U Family. Please complete the applicable fields. Submitting this application does not confirm admission.

01 Child information

Child's full name (first, middle, last)

Date of birth (MM/DD/YYYY)

Present age

Gender

☐ Male

☐ Female

Application date (MM/DD/YYYY)

Anticipated first day (MM/DD/YYYY)

Program requested (choose one)

☐ Toddler's House (ages 1-3)

☐ Children's House (ages 3-6)

Schedule (choose half-day or full-day)

☐ Half-day 8:30 a.m.-12:00 p.m.

Toddler's House only

☐ Full-day 8:30 a.m.-2:30 p.m.

Both programs

Add aftercare (2:30-5:30 p.m.)

☐ Yes

☐ No

Previous schooling

☐ Yes

☐ No

Where? (school or program, if applicable)

02 Child household information

Child's home address

City, state and ZIP code

Home phone (if used)

Child resides with

☐ Mother

☐ Father

☐ Both parents

☐ Other

If other, please describe

Marital status (if applicable)

☐ Together

☐ Separated

☐ Divorced

☐ Other

Parents and guardians

Use the two sections for your child's parents or legal guardians and specify each relationship. Complete a home address only when it differs from your child's address.

Mother / Guardian

Full name

Relationship to child

Mobile phone

Email address

Home address, city, state and ZIP code

Complete only if different from the child's address

Occupation

Employer

Work address, city, state and ZIP code

Work phone

Authorized to pick up the child

☐ Yes ☐ No

Father / Guardian

Full name

Relationship to child

Mobile phone

Email address

Home address, city, state and ZIP code

Complete only if different from the child's address

Occupation

Employer

Work address, city, state and ZIP code

Work phone

Authorized to pick up the child

☐ Yes ☐ No

Emergency Contacts and Authorized Pickup

List people to contact if parents or guardians cannot be reached, in calling order. Choose Yes or No for pickup permission for every contact. Complete an address for anyone authorized to pick up your child.

Contact 1 full name	Relationship to child	Phone
Address, city, state and ZIP (required for pickup)		Authorized for pickup?
		☐ Yes ☐ No
Contact 2 full name	Relationship to child	Phone
Address, city, state and ZIP (required for pickup)		Authorized for pickup?
		☐ Yes ☐ No
Contact 3 full name	Relationship to child	Phone
Address, city, state and ZIP (required for pickup)		Authorized for pickup?
		☐ Yes ☐ No
Contact 4 full name	Relationship to child	Phone
Address, city, state and ZIP (required for pickup)		Authorized for pickup?
		☐ Yes ☐ No
Contact 5 full name	Relationship to child	Phone
Address, city, state and ZIP (required for pickup)		Authorized for pickup?
		☐ Yes ☐ No

I authorize The Young U Montessori School to release my child to parents or guardians marked Yes on page 2 and contacts marked Yes above. Contacts marked No are for emergency calls only.

Parent or guardian name	Date (MM/DD/YYYY)
Parent or guardian signature	

Health and emergency care

03 Healthcare information

Pediatrician name

Pediatrician phone

Pediatrician address

General health of child

Allergies

Any serious illness or accident

04 Release for emergency care

To whom this may concern: I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child listed in this document in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants.

Insurance company covering child

Policy number

Parent or guardian name

Date (MM/DD/YYYY)

Parent or guardian signature

How did you hear about us?

Getting to know your child

OPTIONAL QUESTIONS

Share only what feels useful; you may skip any question. Your answers help our teachers get to know your child and make their transition into our classrooms feel comfortable and familiar.

Interests and strengths: What does your child enjoy?

Language and communication

Is your child able to communicate verbally?

What is your child's first language?

In what language would you like us to address your child?

Daily routines: Helpful support with meals, rest, dressing or toileting?

Age first walking independently, if recalled (months)

If not providing an age

☐

Not yet

☐

Don't recall

☐

N/A

Family hopes: What would you like us to know or help with?

Describe your child in one word.

For classroom planning. This section is not a developmental assessment.