



**Summer Application Form, 2025
Casa dei Bambini**

Please Print

Section 1 - General information

Child's Name: _____

Date of Birth: _____

Gender: M/F

Home address: _____

Family Information

Mother's name: _____

Mobile Number: _____ Email address: _____

Father's name: _____

Mobile Number: _____ Email address: _____

Section 2 - Child's Information

What languages does the child speak? _____

Does the child have any allergies or special needs? If yes, please list.

Section 3 - Emergency Information

Please list the names of two people who can be contacted in case of an emergency, if the parents cannot be contacted.

Person's Name	Phone Number	Relationship to Child

I give permission to the faculty and staff of Warsaw Montessori/ Casa dei Bambini Schools to administer first aid to my child and to (if needed) secure emergency medical attention for my child.

Please Initial _____

(other side)

Section 4- Field Trip Permission

I give permission for my child to go on scheduled field trips and spontaneous walking excursions under the watchful eye and professional guidance of the staff of Warsaw Montessori School, Casa dei Bambini.

Please Initial _____

Section 5- Enrollment Weeks

Please check the weeks you wish to join.

- Week 1: June 30 - July 4
- Week 2: July 7 - 11
- Week 3: July 14 - 18
- Week 4: July 21 - 25
- Week 5: July/August 28 - 1

Section 6- Authorization for Pick-up

(Select one)

- only his/her parents/legal guardians
- his/her parents and the following people:
 - a. _____ (name)
 - b. _____ (name)

I will inform the school of any and all changes to these conditions.

Changes made to this authorization form must be made in person. We will not accept phone calls, texts, or emails.

Any person, other than the child's parent, must show picture identification, when picking up the child from school for the first time. Thank you.

Parent's Signatures

Mother's Signature

Father's Signature