

Countryside Montessori

CHILD'S REGISTRATION FORM

Enrollment Date _____

Child's Name _____ Birth date _____

Caregiver #1 _____ Home Phone _____

Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ E-mail _____

Caregiver #2 _____ Home Phone _____

Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ E-mail _____

Are there any restrictions regarding who can pick-up your child? _____

Name _____ Relationship _____

Explanation _____

In the event of an emergency and we are not able to contact you, we should contact the people listed below. These people have permission to pick up your child.

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address (**REQUIRED**) Street _____ City _____ State _____ Zip _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address (**REQUIRED**) Street _____ City _____ State _____ Zip _____

Out of State Disaster/Crisis Contact

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address (**REQUIRED**) Street _____ City _____ State _____ Zip _____

Medical Release- I hereby give permission that my child may be given emergency treatment by a qualified staff member at Countryside Montessori. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Parent's Signature _____ Date _____

Family Doctor _____ Phone _____
Address (**REQUIRED**) Street _____ City _____ State _____ Zip _____
Date of Last Physical (**REQUIRED**) _____

Family Dentist _____ Phone _____
Address (**REQUIRED**) Street _____ City _____ State _____ Zip _____

Family Hospital _____ Phone _____
Address (**REQUIRED**) Street _____ City _____ State _____ Zip _____

Allergies?

Serious illnesses, Accidents, or Surgery? (Please give dates)

Has your child any special problems?

Why have you decided to enroll your child in this school?

How did you hear about this school?

Does your child have any chronic medical condition?

Parenting Plan: Married ___ Divorced ___ Single ___ Joint Custody ___ Guardianship ___

We routinely take pictures of the children and use the pictures for staff training, for art projects, and in our year books at Countryside.

We would also like to use pictures of the children for advertising and on our website.

_____ Yes, I agree to allow Countryside to use my child's picture/s.

_____ No, please do NOT use picture/s of my child for advertising and/or web site.

I have read and understand the Countryside Montessori Parent Handbook.

Parent's Signature _____