



2017-2018 REGISTRATION FORM

| | | | | | | |
|----------------------|----------------------------------|-----------------------------|-----------|------------|-----|------------|
| CHILD | LAST NAME | FIRST NAME & MIDDLE INITIAL | NICK NAME | SEX | AGE | BIRTH DATE |
| | | | | () | - | - |
| CHILD'S HOME ADDRESS | STREET - CITY - STATE - ZIP CODE | | | HOME PHONE | | |
| | | | | | | |

| | | |
|--|---|---------------------------|
| | PARENT/GUARDIAN #1 | PARENT/GUARDIAN #2 |
| | FILL IN HOME ADDRESS AND HOME PHONE NUMBER IF DIFFERENT FROM CHILD'S SHOWN ABOVE. | |

Relationship to Child _____

With whom does child live? Both Parents/Guardians Parent/Guardian #1 Parent/Guardian #2 Other

| | | |
|---|-------|-------|
| Name | _____ | _____ |
| Home Address | _____ | _____ |
| Home Phone | () - | () - |
| Cell Phone | () - | () - |
| E-Mail Address | _____ | _____ |
| Employer | _____ | _____ |
| Work Address | _____ | _____ |
| Work Phone(s) <i>(include area code)</i> | _____ | _____ |

Please indicate if your address and/or phone numbers may be included in class lists distributed to parents. Yes No

PERSONS AUTHORIZED TO TAKE CHILD FROM THE SCHOOL: Check box at right to indicate person(s) we may contact in an emergency. Space available on reverse for additional names.

Parent/Guardian #1 is authorized to pick up & contact in an emergency. Parent/Guardian #2 is authorized to pick up & contact in an emergency. Check if also Emergency Contact

NOTE: Written notification by parent or guardian **MUST** be given in case someone other than persons listed below will be picking up child. Forms for this purpose are available at sign-in/out station. (MORE SPACES ON BACK IF NEEDED)

| | | | | |
|------------------------|-------------|-------------|-------|---------------------------------------|
| Name: | _____ | Home Phone: | () - | Check if also Emergency Contact |
| Address: | _____ | Work Phone: | () - | |
| Relationship to Child: | City: _____ | Cell Phone: | () - | |
| Name: | _____ | Home Phone: | () - | Check if also Emergency Contact |
| Address: | _____ | Work Phone: | () - | |
| Relationship to Child: | City: _____ | Cell Phone: | () - | |
| Name: | _____ | Home Phone: | () - | Check if also Emergency Contact |
| Address: | _____ | Work Phone: | () - | |
| Relationship to Child: | City: _____ | Cell Phone: | () - | |

| | | | |
|-----------------------|-------|------------------------|-------|
| Child's Doctor's Name | _____ | Child's Dentist's Name | _____ |
| Doctor's Address | _____ | Dentist's Address | _____ |
| City - State - Zip | _____ | City - State - Zip | _____ |
| Phone | _____ | Phone | _____ |

Date of last physical: _____ Date of last doctor's visit: _____

I authorize **Montessori in Motion** to provide instruction and care for my child. I certify that the information provided in this registration form is correct to the best of my knowledge.

PERSONS AUTHORIZED TO TAKE CHILD FROM THE SCHOOL: Check box at right to indicate person(s) we may contact in an emergency.

Check if
also
Emergency
Contact

| | | | | |
|------------------------|-------|-------------|-------------|--|
| Name: | | Home Phone: | () - | |
| Address: | | Work Phone: | () - | |
| Relationship to Child: | City: | Cell Phone: | () - | |
| Name: | | Home Phone: | () - | |
| Address: | | Work Phone: | () - | |
| Relationship to Child: | City: | Cell Phone: | () - | |