



# Montessori in Motion

7323 - 27th Street W, University Place, WA 98466

www.montessoriinmotion.org

## 2018-2019 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	

ADDRESS	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? <input type="checkbox"/> Both Parents/Guardians <input type="checkbox"/> Parent/Guardian #1 <input type="checkbox"/> Parent/Guardian #2 <input type="checkbox"/> Other		
Name		
Home Address		
Home Phone	( ) -	( ) -
Cell Phone	( ) -	( ) -
E-Mail Address		
Employer		
Work Phone(s)		

Please indicate if your physical and email 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.

NOTE:	Written notification by parent or guardian <i>MUST</i> 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)		Check if also Emergency Contact
Name:		Home Phone: ( ) -	<input type="checkbox"/>
Address:		Work Phone: ( ) -	<input type="checkbox"/>
Relationship to Child:	City:	Cell Phone: ( ) -	<input type="checkbox"/>
Name:		Home Phone: ( ) -	<input type="checkbox"/>
Address:		Work Phone: ( ) -	<input type="checkbox"/>
Relationship to Child:	City:	Cell Phone: ( ) -	<input type="checkbox"/>
Name:		Home Phone: ( ) -	<input type="checkbox"/>
Address:		Work Phone: ( ) -	<input type="checkbox"/>
Relationship to Child:	City:	Cell Phone: ( ) -	<input type="checkbox"/>

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:	(    )    -	