



2020-2021 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: () -	
Address:		Work Phone: () -	
Relationship to Child:	City:	Cell Phone: () -	
Name:		Home Phone: () -	
Address:		Work Phone: () -	
Relationship to Child:	City:	Cell Phone: () -	
Name:		Home Phone: () -	
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:	() -	