



**2024-2025 REGISTRATION FORM**

<b>CHILD</b>							
	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.

<b>NOTE:</b>	Written notification by parent or guardian <b>MUST</b> 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:	

<b>Child's Doctor's Name</b>		<b>Child's Dentist's Name</b>	
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: