

**Center Montessori School LWR Campus
Summer Fun Experience 2022 Registration**

Child's Name _____ Birthdate _____ Sex _____

Address _____ City _____ Zip _____

Home Phone _____ Parents' Marital Status _____

Father (or Guardian) _____ Mother (or Guardian) _____

Business/Profession _____ Business/Profession _____

Name of Firm _____ Name of Firm _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Alternate Phone _____ Alternate Phone _____

Email _____ Email _____

Child's Doctor _____ Doctor's Phone _____

Doctor's Address _____

Do we have permission to contact the doctor in an emergency? Yes No
Do we have permission to take your child to a hospital emergency room? Yes No

Preferred hospital _____

List the name, telephone number and address of two people in this vicinity to be contacted if you cannot be reached AND TO WHOM YOUR CHILD CAN BE RELEASED IN CASE OF AN EMERGENCY .

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Carpool information: list the names and telephone numbers of the persons your child may be riding with.

Name _____ Phone _____

Name _____

Previous school attended _____

Is there any unusual family situation about which the school should be advised? _____

Does your child have any special physical (allergies) or emotional problems? _____

Do you wish for your 3- or 4- year old child to have a daily nap? _ yes _ no