

Center Montessori School
Summer Fun Experience 2025 Registration

Child's Name _____ Birthdate _____ Sex _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Father(Guardian) _____ Mother (Guardian) _____

Business/Employer _____ Business/Employer _____

Business phone _____ Business phone _____

Email _____ Email _____

Child's doctor _____ Doctor's phone _____

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 EMERGENCY.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Authorized Pick Up list: list the names and phone numbers of the persons your child has permission to ride with:

Name _____ Phone _____

Name _____ Phone _____

Are there any unusual family situations which the school should be advised: _____

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

Do you wish your 3 or 4 year old to have a daily nap? YES NO

Center Montessori School is authorized to use photographs of my child for the following purposes:

_____ Social media

_____ School website

_____ Advertising

_____ None of the above