

Center Montessori School Main Campus
Summer Fun Experience 2023 Registration

Child's Name _____ Birthdate _____ Sex _____

Address _____ City _____ Zip _____

Home phone _____

Father(Guardian) _____ Mother (Guardian) _____

Business/Profession _____ Business/Profession _____

Name of firm _____ Name of firm _____

Business address _____ Business address _____

Business phone _____ Business 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 EMERGENCY.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Carpool info: list the names and phone numbers of the persons your child may be riding with:

Name _____ Phone _____

Name _____ Phone _____

Is 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