

**Center Montessori School Main Campus**  
**Summer Fun Experience 2026 Registration**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father(Guardian) \_\_\_\_\_ Mother (Guardian) \_\_\_\_\_

Business/Employer \_\_\_\_\_ Business/Employer \_\_\_\_\_

Name of firm \_\_\_\_\_ Name of firm \_\_\_\_\_

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 \_\_\_\_\_

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

\_\_\_\_ Advertising

\_\_\_\_ School website

\_\_\_\_ None of the above