

**Center Montessori School Main 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