**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 Name

Address Address

Phone Phone

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

Name Name

 Phone

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