

**Center Montessori School Main Campus**  
**Summer Fun Experience 2024 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 \_\_\_\_\_

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