



Montessori Children's House

Annual Registration Form

Student's Information

Child's Name:

Last First Middle Initial Nickname

Date of Birth:

Gender: M ☐ F ☐

MCH Start Date:

Child's Address:

Street City & State Zip Code

Mother or Guardian's Information

Name:

Last First

Email:

Mother's Cell Phone:

Mother's Home Phone:

Mother's Address:

Street City & State Zip Code

Employer Name:

Work Phone:

Work Address:

Street City & State Zip Code

Father or Guardian's Information

Name:

Last First

Email:

Father's Cell:

Father's Home Phone:

Father's Address:

Street City & State Zip Code

Employer Name:

Work Phone:

Work Address:

Street City & State Zip Code

Child Pick Up Authorization

Parents' marital status: _____ Are both parents authorized to pick up child? Yes: _____ No: _____

List of People Authorized to Pick Up Your Child (Photo Identification Required):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

List of People **not** Authorized to Pick Up Your Child (Please provide a court order if a parent is not permitted to pick up the child)

Name: _____

Name: _____

Student Schedule (Please indicate the hours and days your child will be attending.)

Monday	Tuesday	Wednesday	Thursday	Friday



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Health Information

Does your child have any food, medicine, or environmental allergies?

Yes: _____ No: _____

If yes, please describe all allergies and side effects:

Does your child take any medication on a regular basis (prescription or OTC)?

Yes: _____ No: _____

If yes, please list all prescription or over-the-counter medications:

Does your child have any health issues that we should know about?

Yes: _____ No: _____

If yes, please explain:

Action to be taken in an emergency: (if left blank, MCH policy is to contact 911 then parents as soon as possible):

Emergency Contact Information

Doctor's Name: _____ Doctor's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Please list at least **two** people (beside parents) to be contacted in an emergency if the parents are not able to be reached. Department of Social Services requires full names, phone numbers, and addresses of each person listed below.

Emergency Contact #1:

Name: _____ Cell Phone: _____ Home Phone: _____

Street

City & State

Zip Code

Emergency Contact #2:

Name: _____ Cell Phone: _____ Home Phone: _____

Street

City & State

Zip Code

All information provided is complete and correct to the best of my knowledge.

Name of Person Completing Form (please print)

Signature

Date