

Cloverdale Montessori School

New Student Registration Form

Date: _____

Child's Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Nickname: _____

Mother's Full Name: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address : _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Employer: _____ Occupation: _____

Father's Full Name: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Employer: _____ Occupation: _____

Parent(s)/ Guardian(s) with legal custody: _____

Other Household Members:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Party(s) Responsible for Payment: _____

If other than the parent or guardian, Home Address: _____

Home Phone Number: _____

Work Phone Number: _____

Person(s) Authorized to Pick up Child(ren):

1. _____ 2. _____
3. _____ 4. _____

**Under no circumstances will Cloverdale Montessori School release a child to anyone not known without written or verbal notification from the parent or guardian.

**Photo ID of authorized person picking up child(ren) at Cloverdale Montessori School will be required before the child is released.

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are the child's immunizations current? _____ (Please provide a copy of the child's immunization record.)

Date of child's last physical: _____ Name of Physician: _____

Has the child had: (If yes, please list age illness occurred.)

Chicken pox: _____ Mumps: _____ Measles: _____

Hepatitis: _____ (Form: _____) Asthma: _____ Other: _____

Please list any allergies: _____

Has the child has any serious accidents that will restrict child from any types of learning: _____
(If yes, please describe: _____
_____)

Does the child wear corrective lenses? _____

Please list any dietary restrictions: _____

Does the child have any fears / problems that Cloverdale Montessori School should be aware of? _____

How would you best describe your child's personality? _____

Is the child left handed? _____ Right handed? _____ Both? _____

What do you hope your child will gain from his / her experience at Cloverdale Montessori School? _____

What do you as parents hope that Cloverdale Montessori School can do for you? _____

Please list anything else that may be helpful in understanding the development of your child? _____

Emergency Contact Information (Other than parent / guardian.)

Name: _____ Phone: _____

Name: _____ Phone: _____

AUTHORIZATION FOR ACTIVITY AND MEDICAL CARE:

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Cloverdale Montessori School.

Signature: _____ Date: _____

Signature: _____ Date: _____

I hereby grant permission for Cloverdale Montessori School to take whatever steps necessary to obtain emergency medical care. These steps may include, but are not limited to:

- Call 911
- Attempt to contact the child's physician
- Attempt to contact a parent / guardian
- Attempt to contact persons listed on emergency contact section

Any expenses incurred in the event of an emergency will not be covered by Cloverdale Montessori School.

Cloverdale Montessori School will not be responsible for anything that may happen as a result of false information that may be given at the time of enrollment.

Parent(s) / Guardian(s) are responsible for providing Cloverdale Montessori School with current information regarding their child's health.

Signature: _____ Date: _____

Signature: _____ Date: _____

AUTHORIZATION FOR MEDICATION

I hereby grant permission for Cloverdale Montessori School to administer children's Tylenol or _____ pain reliever to my child if needed with notification. I understand that no other medications will be given to my child by the school unless I or whoever brings my child to school furnishes the medication and signs a medication consent form.

Signature: _____ Date: _____

Signature: _____ Date: _____

AUTHORIZATION FOR TRANSPORTATION

I hereby grant permission for Cloverdale Montessori School to provide transportation in private or public vehicle by a licensed driver to and from public school, for the purpose of field trips, swimming lessons, or other school activity.

Signature: _____ Date: _____

Signature: _____ Date: _____

“EVEN WITH THE GREATEST PRECAUTIONS AND CLOSEST SUPERVISION, ACCIDENTS CAN AND DO HAPPEN AT SCHOOL. PARENTS NEED TO BE AWARE OF THIS AND BE PREPARED FOR POSSIBLE MEDICAL EXPENSES THAT MAY ARISE SHOULD THEIR CHILD BE INJURED. CLOVERDALE MONTESSORI SCHOOL DOES NOT PROVIDE MEDICAL INSURANCE TO AUTOMATICALLY PAY FOR MEDICAL EXPENSES IF CHILDREN ARE INJURED WHILE AT SCHOOL. EXPENSES ARE THE RESPONSIBILITY OF THE CHILD’S PARENT OR GUARDIAN.”

I have read the above paragraph and understand that I am responsible for medical expenses and will not hold Cloverdale Montessori School responsible for any expenses incurred.

Signature: _____ Date: _____