

**Montessori Peaks Academy Before & After School Program
Registration Form
2009 -2010**

Date _____ Child's Name _____

Child's Age _____ Teacher _____

Start Date _____ Home Phone _____

1) Mother or female guardian _____

Address _____

City _____ Zip Code _____

Work Phone _____ Cell Phone _____

Employer _____

2) Father or male guardian _____

Address _____

City _____ Zip Code _____

Work Phone _____ Cell Phone _____

Employer _____

If parents cannot be reached in case of an emergency, the following persons should be contacted.

3) Name _____ Phone _____

Address _____

4) Name _____ Phone _____

Address _____

Please place your desired contact order below; 1,2,3,4

_____ / _____ / _____ / _____

Childs Name _____

Authorized persons to pick up my child other than those listed above:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Allergies: Medications _____ Pollens _____ Foods _____ Animals _____
Sunscreen _____ Insect bites _____

Food Restrictions _____

Medications registered at the office: _____ yes _____ no

Medication: Acetaminophen (Tylenol or other brand names of Acetaminophen) will be given as outlined in the Before School / After School Program Handbook.

Permission for Acetaminophen: **Yes** _____ **No** _____

Child's Doctor _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Hospital of Choice _____ Phone _____

Address _____

Insurance company _____

Policy # _____ Group # _____

Parent Signature _____ Date _____