

**Children's Garden Montessori School
Registration Form**

Please attach your child's current immunization records, updated with each birthday or well-child check.
OR submit an exemption form signed by the Department of Health annually.

Child's Name _____ Today's Date _____
Date of Birth _____ Gender _____

Please list any allergies your child has to food or medicine: _____

Does your child have some specific interests? _____

Does your child have any concerns? _____

Are there any family changes that could affect your child? _____

Does your child have any chronic health problems? _____

Does your child have any limitation to physical activity? _____

Summarize any major surgeries or accidents _____

Does your child have any developmental delays? _____

Has any screening or testing been conducted? _____

Was any therapy recommended? _____

Does your child take a nap? _____ Is your child in diapers? _____

If breastfed, at what age did your child wean? _____ Is your child still nursing? _____

Emergency Care: I authorize Children's Garden Montessori School to have my child transported to a medical facility and treated by professional medical personnel in case of emergency. I understand that the school will call 911 first and then me or the listed emergency contacts, if I cannot be reached, if my child requires immediate care. I also grant the school permission to call my child's physician in case I cannot be reached.

Name of Child's Physician _____ Phone _____

Name of Child's Dentist _____ Phone _____

Please give the names of two people we can contact in case of emergency, other than parents or guardians.

Name _____ Phone _____

Name _____ Phone _____

The following people have permission to pick up my child after school:

Name _____

Name _____

If you would you like to have your contact information listed on the school directory, list it here:

Phone _____ Email _____

I give permission for my child's picture (not name) to be used on the website: Yes ___ No ___

Confidentiality Policy: Adults will respect the privacy of all the children at the school and not discuss any child with anyone except the teachers and that child's family.

The Parent Handbook is online: childrensgardensantafe.com. I request a paper copy: Yes ___ No ___

I have read the Parent Handbook (which contains the Guidance Policy).

Parent's Signature _____ Date _____

This form must be updated each year.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____