

# Kingwood Montessori Summer 2009 Registration Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phones \_\_\_\_\_

Emergency Contact (if parents cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Check the week(s) for which you are enrolling:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> June 10-19     | <input type="checkbox"/> July 13-17  | * School closed July 4—no extended care. |
| <input type="checkbox"/> June 22-26     | <input type="checkbox"/> July 20-24  |  |
| <input type="checkbox"/> June 29-July 2 | <input type="checkbox"/> July 27-31  |  |
| <input type="checkbox"/> July 6-10      | <input type="checkbox"/> August 3-12 |  |

- |   |            |  |
|---|------------|--|
| <input type="checkbox"/> Morning Program                | 8:30—12:00 |  |
| <input type="checkbox"/> Full Day                       | 8:30—3:00  |  |
| <input type="checkbox"/> Full Day with Before Camp      | 7:00—3:00  |  |
| <input type="checkbox"/> Full Day with After Camp       | 8:30—6:30* |  |
| <input type="checkbox"/> Full Day with Before and After | 7:00—6:30* | * Toddler after care is only available until 6:00 p.m. |

I hereby authorize KMS to allow my child to leave the facility for dismissal ONLY with the following persons:

\_\_\_\_\_

### ***Authorization for Emergency Medical Attention:***

In the event that I cannot be reached for immediate emergency medical attention, I authorize Kingwood Montessori School to take my child to the nearest hospital emergency room or clinic.

My child's attending physician is:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give my consent for necessary emergency treatment when my child is in the care of this physician and/or the nearest hospital or clinic.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***Transportation:*** I hereby \_\_\_give\_\_\_ do not give my consent for my child to be transported and supervised by facility staff or by volunteers on field trips.

***Water Activities:*** I hereby \_\_\_give\_\_\_ do not give my consent for my child to participate in water activities.

***School Age Children:*** My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis test results are current.

Name of School: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_