

# Kingwood Montessori Summer 2010 Registration Form

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

Circle the program you need:

	June 09 – 15		July 12 – 16	Morning Program	8:30 – 12:00	5 Day	3 Day
	June 16 - 22		July 19 – 23	Full Day Program	8:30 – 3:00	5 Day	3 Day
	June 23 - 29		July 26 – 30	AM Care	7:00 – 8:30	5 Day	3 Day
	June 30 – July 09*		August 2 - 11	PM Care	3:00 – 6:30	5 Day	3 Day
				AM & PM Care	7:00 – 8:30 3:00 – 6:30	5 Day	3 Day

\*School Holiday July 5<sup>th</sup>

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies and/or Special Needs: \_\_\_\_\_

Address: \_\_\_\_\_ Home Ph#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents or guardian: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work: Mother \_\_\_\_\_ Phone \_\_\_\_\_

Work: Father \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone and/or pager number:  
Mother \_\_\_\_\_ / \_\_\_\_\_

Cell Phone and/or pager number:  
Father \_\_\_\_\_ / \_\_\_\_\_

Date of Admission \_\_\_\_\_

Person to call in emergency (if parents are unavailable):

Name: \_\_\_\_\_ Ph #: \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby authorize Kingwood Montessori to allow my child to leave the premises ONLY with the following persons:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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, if not KMS: \_\_\_\_\_

Address/Phone of School: \_\_\_\_\_ / \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

1. **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.
2. **Water Activities:** I hereby \_\_\_ give \_\_\_ do not give my consent for my child to participate in water activities.
3. The parent(s) consent to the taking of videotapes or photographs of the enrolled child while in attendance at the school for publication in school literature or school related articles. \_\_\_\_\_  
Yes \_\_\_\_\_ No (initial).
4. The parent(s) consent to their child's picture and/or work appearing on our Web page. Student's name will not be listed. ([www.kingwoodmontessori.com](http://www.kingwoodmontessori.com)) \_\_\_\_\_ Yes \_\_\_\_\_ No (initial).
5. I give permission for my school-age child to ride a bus or walk to or from school or home, or to be released to the care of a sibling less than 18 years of age \_\_\_\_\_ Yes \_\_\_\_\_ No (initial).  
Mode of Choice \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

**In the event that I cannot be reached for immediate emergency medical attention, I authorize the Kingwood Montessori to take my child to the nearest hospital emergency room or clinic. My child's attending physician is:**

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City,** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**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.**

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**