



REGISTRATION FORM

CHILD'S INFORMATION

Last Name _____ First Name _____ MI _____ Boy Girl
 Date of Birth _____ Start Date _____
 Address _____ City _____ ST _____ Zip _____
 Program _____ Days per week: ½ Day 5 3 2
 Lunch Regular Vegetarian From Home
 Allergies or other important information:

Attend Summer Camp on Week and hour

Tuition is \$500 per week and discounted rate is \$450 if Children sign up more than 3 weeks. Lunch is included.

Weeks from _____ **Month** _____ **Date** **TO** _____ **Month** _____ **Date**

MOTHER or LEGAL GUARDIAN'S INFORMATION

Mrs. Ms. Miss (circle one)
 Last Name _____ First Name _____ MI _____
 Address (if different) _____ City _____ ST _____ Zip _____
 Home Phone# _____ Cell Phone# _____
 Employer _____ Work Phone# _____
 DRIVER LICENSE _____ EMAIL _____ Emergency Contact

FATHER or LEGAL GUARDIAN'S INFORMATION

Last Name _____ First Name _____ MI _____
 Address (if different) _____ City _____ ST _____ Zip _____
 Home Phone# _____ Cell Phone# _____
 Employer _____ Work Phone# _____
 DRIVER LICENSE _____ EMAIL _____ Emergency Contact

Parents are: (please check one)

- Married Living Together Divorced Separated Widowed Single

SIBLING'S INFORMATION

1 Last Name _____ First Name _____ MI _____ Date of Birth _____ Boy Girl



REGISTRATION FORM

2 Last Name _____ First Name _____ MI _____ Date of Birth _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl
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**EMERGENCY CONTACT AND PERSON(S) TO WHOM CHILD MAY BE RELEASED
(OTHER THAN PARENTS/LEGAL GUARDIANS)**

Name	Phone #	Relation to Child

CHILD'S MEDICAL INSURANCE INFORMATION

PHYSICIAN/MEDICAL CARE PROVIDER	Phone#
Insurance Carrier	Effective Date
Address	Group Number
Name of Policy Holder	Member ID

AUTHORIZATION

I UNDERSTAND AND AGREE:

- In the event that a medical emergency occurs, I authorize Stream Montessori School (SMS) to seek emergency medical care for my child as deemed necessary by the Principle and I authorize such medical service provider to carry out required emergency treatment.
- I understand that if my child has allergies or food sensitivities their name and allergy information will be posted in the classroom.
- I understand and agree that my child will be photographed or video recorded at the school, that the pictures will be used for classroom or displays, and that these pictures/videos may be available to be shared and/or printed amongst other parents at SMS. I hereby grant permission for SMS to photograph/video record my child(ren) and use these pictures/videos for brochures and website purposes.
- My Child has my permission to participate in Into the Woods program, sandbox and other indoor/outdoor activities. I, the undersigned, waive Stream Montessori School from any claims for injuries to my child while participating in this activity.

SIGNATURE OF PARENT/ GUARDIAN

SIGNATURE OF PARENT/ GUARDIAN

DATE