



# 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:  
 \_\_\_\_\_

## 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# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 DIVER 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# \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 DIVER 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  
 2 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  Boy  Girl  
 3 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  Boy  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