STREAM MONTESSORI SCHOOL

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

Lunch is included. Registration fee $100 per child.

Weeks from _____Month _____Date **TO** _____Month _____Date

Weeks from _____Month _____Date **TO** _____Month _____Date

Weeks from _____Month _____Date **TO** _____Month _____Date

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

STREAM MONTESSORI SCHOOL

REGISTRATION FORM

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

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 providers 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 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