

REGISTRATION FORM



START DATE

Half Time _____ Nido (18 months – 3 yrs old)
 Full Time _____ Casa dei Bambini (3 yrs old – 6 yrs old)

CHILD INFORMATION

First Name:		Middle:		Last:	
SS#:	Age:	Birthdate:		Gender <input type="radio"/> M <input type="radio"/> F	
Home Address:		City:		Zip Code:	
Allergies:		Fears:			
Existing Medical Conditions:					
Previous schooling:					
Is child cared by other than parents? <input type="radio"/> Yes <input type="radio"/> No			Who?		

PARENT'S / LEGAL GUARDIAN'S INFORMATION

1 st Parent	2 nd Parent
Full Name:	Full Name:
Phone Number:	Phone Number:
E-mail:	E-mail:
Occupation:	Occupation:
Business Address:	Business Address:

EMERGENCY CONTACTS

Are parents together, separated or divorced?		
Custody <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Both <input type="radio"/> Other		
Full Name:	Relationship:	Phone:
Address:		
Full Name:	Relationship:	Phone:

AUTHORIZED PICK-UPS

Full Name:	Phone Number:
Full Name:	Phone Number:
Full Name:	Phone Number:

PICTURE AUTHORIZATION

<input type="radio"/> I DO allow Mia Piccolo Montessori School to use my child's image on the school website and any other Mia Piccolo Montessori School media.	<input type="radio"/> I DO NOT allow Mia Piccolo Montessori School to use my child's image on the school website and any other Mia Piccolo Montessori School media.
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HELPFUL INFORMATION ABOUT CHILD / ADDITIONAL COMMENTS**DCF REQUIREMENTS**

- A current physical examination (Form 3040) and immunization record (Form 680 – 681) within 30 days of enrollment.
- Parents should receive a copy of the Child Care Facility Brochure.
- Parents should be notified in writing of the disciplinary practices used by the Child Care Facility.
- Discipline Policy should be available for review by the parents.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature

Date

AUTHORIZATION FOR EMERGENCY TREATMENT

Permission for the Director, acting Director, or the Teacher to take whatever steps may be necessary for medical care in case of an emergency is hereby given. I understand that the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these actions:

- Parent or guardian will be called.
- Rescue will be called. (911)
- The child will be taken to the emergency room of the nearest Hospital accompanied by a staff member.
- Contact person listed on the emergency contact will be called.

The school does not administer medicine to any of the students

RELEASE FOR EMERGENCY CARE

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____ in the event of an emergency which time I cannot be reached. I give consent to transport by ambulance if situation warrants.

Pediatrician Name: _____ Phone Number: _____

Pediatrician Address: _____

Insurance Company covering child: _____ Policy Number: _____

Parent's Name

Signature

Date