

For office use only

Registration Fee (Not for returning students): _____

Date Received: _____ Date of Admission: _____

Date of Discharge: _____

Name: _____ Gender: Female Male
Please print full given names Surname

Birth Date: _____ Home Telephone: _____
Day Month Year

Address: _____
Street City Postal Code

Email: _____

How would you like to receive newsletters, memos and school updates? Email Paper Both

Reports & school information should be sent to: Both Parents Mother Only Father Only Legal Guardian

Address of other Parent: (if different from above) _____
Street City Postal Code

Home Telephone of other Parent (if different from above): _____

Emergency Contact Person (if unable to reach parents/legal guardians)

Name: _____ Telephone: _____

Address: _____ Relationship: _____

Parent/Legal Guardian Information

Mr. Dr. Mrs. Miss. Ms.

Parent's Name: _____

Cell Phone: _____

Employer: _____

Workplace Address: _____

Business Telephone: _____

Can we contact you at work? Yes No

Occupation: _____

Email: _____

Mr. Dr. Mrs. Miss. Ms.

Parent's Name: _____

Cell Phone: _____

Employer: _____

Workplace Address: _____

Business Telephone: _____

Can we contact you at work? Yes No

Occupation: _____

Email: _____

Medical Information & Authorization

Health Card Number (Optional): _____

Name of Physician: _____

Address of Physician: _____

Physician Telephone: _____

My child has had a:

Vision Test Yes No

Hearing Test Yes No

Allergies (if allergies have been listed,
please indicate if an Epi-Pen is required):

EPI-PEN REQUIRED Yes No

Physical restrictions, previous communicable diseases and/or particulars of child's health you wish to note:

I authorize the Montessori School of Sudbury and its staff to provide all emergency medical care, which they may deem necessary for my child, as the case may be, in the event of an injury (i.e. ambulance, physician, hospitalization, dentist, etc.)

I agree to reimburse the Montessori School of Sudbury for any expenses thereby incurred

Parent/Legal Guardian's Name: (please print)

Parent/Legal Guardian's Name: (please print)

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Signature

Date

Name(s) of the person(s) to whom my child may be released by:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Parent Volunteer Committee

As part of your responsibilities as a Montessori Parent, we ask that you sign up to one or more of the parent committees. A current police check is mandatory for any parent who wishes to volunteer within the classroom.

Parent Name: _____

Parent Name: _____

Classroom Volunteer (outings, cutting, craft prep work)

Classroom Volunteer (outings, cutting, craft prep work)

Special Projects (open houses, galas, gatherings, parties)

Special Projects (open houses, galas, gatherings, parties)

Handyman/Woman

Handyman/Woman

Grounds Committee

Fundraising Committee

Grounds Committee

Fundraising Committee