

For office use only	Start Date: --/--/----	End Date: --/--/----
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### Northbrook Montessori Registration form

Please ensure you attach two recent passport size photographs when submitting the forms

**Child's Name** \_\_\_\_\_

Residing with (circle): Mother Father Both Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Secondary Address (if applicable)

\_\_\_\_\_

#### List Sibling(s):

Name and age:

\_\_\_\_\_

**Sessions:** Please circle one

9am to 3 pm, 9am to 12 noon, 3pm to 5.45pm, Full Day 9am to 5.45pm

**Parent Information:**

Parent 1 Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Workplace Address \_\_\_\_\_

Workplace Phone \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Workplace Address \_\_\_\_\_

Workplace Phone \_\_\_\_\_

**Emergency Contact:** Please provide two contacts who are authorized to pick up your child and/or can be contacted in emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

How did you learn about Northbrook Montessori?

Previous school child was attending (if applicable) \_\_\_\_\_

**Health Information**

Primary Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Insurance Coverage:**

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

Employer Name: \_\_\_\_\_

**List Child's special needs:**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Physical \_\_\_\_\_

Emotional \_\_\_\_\_ Other \_\_\_\_\_

I give authorization of emergency medical treatment and CPR to be given to my child by a first aid certified staff person of Northbrook Montessori School. Yes \_\_\_\_\_ No \_\_\_\_\_

I allow school pictures of my child to be included in Northbrook Montessori Publications. Yes \_\_\_\_\_ No \_\_\_\_\_

Please print this form and return by 4<sup>th</sup> August 2018. Also, please submit registration fee, fee for the first month of the school year, and fee for the 10<sup>th</sup> month (a deposit fee) to confirm your child's spot at Northbrook Montessori School.

I have read and agreed to school's policies and fees \_\_\_\_\_ [*Initial here*]

I have read Northbrook Montessori School's Parent Handbook \_\_\_\_\_ [*Initial here*]

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_