

The Children's Tree Montessori School
Please complete in pencil

reviewed: _____
enrollment date: _____

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phones: _____

Parent Name and Address: _____

Parent Work name and Address & Phone: _____

Parent Name and Address: _____

Parent Work name and Address & Phone: _____

Parents give the Children's Tree Permission to transport your child: _____

Weekly Schedule: _____

I give permission for my child to be interviewed/photographed for school events: _____

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Persons to call in an emergency if I am not available and persons that my child may be released to:
Please include name, phone number, address, and relationship.

1) _____

2) _____

Please include name, address, and phone number:

Doctor: _____

Dentist: _____

Allergies/ Medication _____

I give my consent for the Children's Tree to contact the above physician if my child has a medical emergency, or if they need to update records or advise on my child. I understand if my child's physician is not available another physician may be contacted. I also give permission for the Children's Tree to seek medical attention in an emergency at the closest medical facility. I will be responsible for medical charges. _____

Parents authorize emergency medical treatment: _____

Insurance information: _____

Signature _____ Date _____

Printed Name: _____

Persons to call in an emergency if I am not available and persons that my child may be released to:
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