



Registration Form (Simple) for Continuing Child

CHILD'S INFORMATION	
First Name:	Last Name:
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth: ____ / ____ / ____ <div style="text-align: center; font-size: small;"> month day year </div>
Home Address:	
City:	State/Zip:

Please submit this form with a Sign-Up Deposit (\$200) to hold a space. This amount will be subtracted from the Security Deposit. *(Non-Refundable)*

There is no separate registration fee.

PROGRAM TO ENROLL		
Please check only one box		
Stepping Stones	Pre-primary	Kindergarten
<input type="checkbox"/> 5 Full Day <input type="checkbox"/> 5 Half Day <input type="checkbox"/> 3 Full Day <input type="checkbox"/> 3 Half Day	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	<input type="checkbox"/> Full Day



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AUTHORIZATION
<p>I understand and agree:</p> <ol style="list-style-type: none"> 1. To the policies and requirements outlined in the “Parents Handbook”. School hours are 9:00 AM to 3:30 PM, Before/after-care hours are 7:30-9:00 and 3:30 PM to 7:30 PM. An additional charge may be assessed if your child remains after the registered program time and/or closing time. All returned transactions may be assessed a penalty to cover bookkeeping corrections. 2. In the event that a medical emergency occurs, I authorize Discovery Christian Montessori School to seek emergency medical care for my child as deemed necessary by the Director, and I authorize such medical service provider(s) to carry out any required emergency treatment(s). 3. I understand that if my child has allergies or food sensitivities, their name and allergy information will be noted in this application as well as posted in the classroom. 4. I understand and agree that my child may be photographed at the school, and that the pictures may be used and/or printed for school/classroom use, displays, and that these pictures may be available to be shared and/or printed amongst other parents at Discovery Christian Montessori School. 5. I authorize Discovery Christian Montessori teachers to transport my child to and from any field trips.

Mother’s Signature	Father’s Signature
Name:	Name:
X	X
Date:	Date:

Additional Required Documents:

- Emergency Information Form (only if information was changed; pick up from the school)
- Universal Health Record (doctor signed: pick up from the school)
- *Parent Handbook* Signature pages (emailed or pick up from the school)
- Updated Immunization Records (Doctor’s office)