



Registration Form for New 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; margin-top: 5px;"> month day year </div>
Home Address:	
City:	State/Zip:

Please submit this form with a Registration Fee (\$100).

MOTHER'S INFORMATION	FATHER'S INFORMATION
Name:	Name:
Mobile:	Mobile:
Home Phone:	Home Phone:
Email:	Email:
Profession:	Profession:
Work Phone:	Work Phone:

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



Registration Form
for New Child

EMERGENCY CONTACT INFORMATION	
1. Name:	Relation to Child:
Phone:	
2. Name:	Relation to Child
Phone:	

PHYSICIAN INFORMATION	
Dr. Name:	Phone #:
City:	Zip:

INSURANCE INFORMATION	
Health Insurance:	Phone #:
Group #:	ID #:

HEALTH/MEDICAL INFORMATION	
Does your child have any allergies and/or dietary restrictions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list:	
Is your child under any other medical/physician restrictions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, check all that apply: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Convulsions <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Other:	
Is your child taking any medication(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list:	
Are there any medications necessary during the school day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your child been under a doctor's care or hospitalized within the last 3 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:	

ADDITIONAL INFORMATION
What is your child's primary language?
What are your child's strengths?
How would you describe your child's temperament?
Are there any specific concerns you would like to address about your child?
Is there anything specific that the faculty should know about your child?



Registration Form for New Child

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 (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)
- Immunization Records (Doctor’s office)