



Child's Admission Form

PLEASE BE SURE TO FILL OUT ALL LINES!!

Date: _____ Child's Start Date: _____

Child's Last Date: _____

For Office use Only

Child Information

Child's Full name: _____ Birth Date: _____

Address: _____

Phone: _____

Parent Information

Parent/Guardian Full Name: _____

Parents Email _____ Phone Number _____

Parent/Guardian Address (if Different): _____

Employer: _____ Work Phone: _____

Work Site Address: _____

Other Parent/Guardian Full Name: _____

Other Parent/Guardian Email _____ Phone Number _____

Other Parent/Guardian Address: _____

Employer: _____ Work Phone: _____

Work Site Address: _____



Doctors Information:

Name of Doctor: _____ Phone Number: _____

Doctor Address _____

Health Card Number: _____

Can both parents pick up?

The following persons are authorized to pick up my child (other than above noted parents):

1. _____ Daytime Phone: _____

2. _____ Daytime Phone: _____

3. _____ Daytime Phone: _____

4. _____ Daytime Phone: _____

Emergency Contacts

If neither parent can be reached in case of an emergency, call:

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Relationship: _____



Additional Information About Your Child

If your child has any allergies, takes medication or has any special requirements for diet, rest or exercise, or other identified needs, please describe (use additional sheets if necessary):

Permission & Understanding Statements

(Initial below)

_____ I understand every effort will be made to contact me in case of emergency. I hereby authorize the registrant: ROYAL ACADEMY MONTESSORI PRESCHOOL to obtain emergency medical care for _____ (name of child).

_____ I hereby authorize transportation to be provided. I acknowledge that ROYAL ACADEMY MONTESSORI PRESCHOOL has provided me with a general description detailing types, frequency and sample destinations when children may be transported.

_____ I acknowledge that cultural holidays are acknowledged.

Please attach to this form:

- 1) Evidence of immunization appropriate to your child's age, OR
- 2) An immunization exemption form due to medical, religious or moral beliefs.

Parent/Guardian Signature: _____ Date: _____

Operators/Reviewers Signature: _____ Date: _____