

# Cloverdale Montessori School

## New Student Registration Form

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Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Father's Full Name:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Other Household Members**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_

Parent(s)/Guardian(s) with legal custody: \_\_\_\_\_

Party(s) Responsible for Payment: \_\_\_\_\_

**\*\*Under no circumstances will Cloverdale Montessori School release a child to anyone not known without a written or verbal notification from the parent or guardian.**

**\*\*Photo ID of authorized person picking up child(ren) at Cloverdale Montessori School will be required before the child is released.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are Child's immunizations current? \_\_\_\_\_ (Please provide a copy of the child's immunization record)

Date of Child's last physical: \_\_\_\_\_ Name of Physician: \_\_\_\_\_

Has the child had: (If yes, please list age illness occurred)

Chickenpox: \_\_\_\_\_ Mumps: \_\_\_\_\_ Measles: \_\_\_\_\_

Hepatitis: \_\_\_\_\_ Asthma: \_\_\_\_\_ Other: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Has the child had any serious accidents that will restrict child from any types of learning? \_\_\_\_\_

If yes describe: \_\_\_\_\_

Does the child wear corrective lenses? \_\_\_\_\_

Please list any dietary restrictions: \_\_\_\_\_

Does the child have any fears/problems that Cloverdale Montessori School should be aware of?

If so describe: \_\_\_\_\_

How would you best describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

Is your child left-handed? \_\_\_\_\_ Right-handed? \_\_\_\_\_ Both? \_\_\_\_\_

What do you hope your child will gain from his/her experience at Cloverdale Montessori?

\_\_\_\_\_  
\_\_\_\_\_

What do you as parents hope that Cloverdale Montessori School can do for you?

\_\_\_\_\_  
\_\_\_\_\_

Please list anything else that may be helpful in understanding the development of your child:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information (Other than parent /guardian)

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

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

**AUTHORIZATION FOR ACTIVITY AND MEDICAL CARE:**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Cloverdale Montessori School.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for Cloverdale Montessori School to take whatever steps necessary to obtain emergency medical care. These steps may include, but are not limited to:

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- Call 911
  - Attempt to contact the child's physician
  - Attempt to call parent/guardian
  - Attempt to contact persons listed on emergency contact section.
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Any expenses incurred in the event of an emergency will not be covered by Cloverdale Montessori School.

Cloverdale Montessori School will not be responsible for anything that may happen as a result of false information that may be given at the time of enrollment.

Parent(s) / Guardian(s) are responsible for providing Cloverdale Montessori School with current information regarding their child's health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR MEDICATION**

I hereby grant permission for Cloverdale Montessori School to administer children's Tylenol or \_\_\_\_\_ pain reliever to my child if needed with notification. I understand that no other medications will be given to my child by the school unless I or whoever brings my child to school furnishes the medication and signs a medication consent form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AUTHORIZATION FOR TRANSPORTATION**

I hereby grant permission for Cloverdale Montessori School to provide transportation in private or public vehicle by a licensed driver to and from public school, for the purpose of field trips, swimming lessons or other school activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**“EVEN WITH THE GREATEST PRECAUTIONS AND CLOSEST SUPERVISION, ACCIDENTS CAN AND DO HAPPEN AT SCHOOL. PARENTS NEED TO BE AWARE OF THIS AND BE PREPARED FOR POSSIBLE MEDICAL EXPENSES THAT MAY ARISE SHOULD THEIR CHILD BE INJURED. CLOVERDALE MONTESSORI SCHOOL DOES NOT PROVIDE MEDICAL INSURANCE TO AUTOMATICALLY PAY FOR MEDICAL EXPENSES IF CHILDREN ARE INJURED WHILE AT SCHOOL. EXPENSES ARE THE RESPONSIBILITY OF THE CHILD’S PARENT OR GUARDIAN.”**

**I have read the above paragraph and understand that I am responsible for medical expenses and will not hold Cloverdale Montessori School responsible for any expenses incurred.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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