



South County Montessori School, Inc.

Registration Form

Your Child

Name of Child:

Birthdate:

Name Child is usually called:

Gender:

Home Address

Street:

City:

Home Telephone:

Postal Code:

Parent 1

Parent 2

Name:		
Cell Phone:		
Email Address:		
Employer Name:		
Employer Address:		
Business Telephone:		

Medical Information

Family Physician:

Allergies:

Physician Address:

Other Medical Conditions

Physician Phone:

And Food Intolerances:

Enrollment Information

Circle your Enrollment program below:

Primary Half Day (8:45 to 11:45 AM)

Primary Full Day (8:45 to 2:45 PM)

Primary Extended Day (7:30 to 5:00 PM)

Transition (8:45 to 2:45 PM)

Transition Extended Day (7:30 to 5:00 PM)

Junior (8:45 to 2:45 PM)

Junior Extended Day (7:30 to 5:00 PM)

School Information

Child's previous schooling (if any):

Permissions

Please circle and initial the following

1. I give South County Montessori School permission to photograph my child and to record performances **Yes/No Initial** _____

I agree that these images may be used in any medium for promotional, advertising, or other purposes that support the mission of the school. **Yes/No Initial** _____

2. Our secure school website features a parent-only page where you can check to see pictures of your child at school. This page is protected by a password, which is revealed to the parents on the first day of each school year. I consent to my child's photos being featured on our private Parent-Gallery: **Yes/No Initial** _____

3. I give permission for my child's photographs to be used for our School County Montessori School private Facebook group. **Yes/No Initial** _____

4. I give permission for my name, email, and home phone number to be shared with the families in my child's school. **Yes/No Initial** _____