

A Child's Journey Montessori School Registration Form

Child's Name	Last	First	Middle	Birthdate	Start Date
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Street Address	City	Zip code
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Parent/Guardian Name	Cell#	Work#	Email
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Address _____

Parent/Guardian Name	Cell#	Work#	Email
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Address _____

Other than you who has permission to pick up your child?

Name	Cell#	Alt. phone
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Address _____

Name	Cell#	Alt. phone
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Address _____

In case of an emergency, I give permission for the named individuals to be contacted and my child may be released to them.

Parent/Guardian signature _____

Name	Cell #	Alt. phone
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Address _____

Name	Cell #	Alt. phone
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Address _____

Consent to medical care and treatment of minor children

I give permission that my child _____, may be given first aid/ emergency treatment by a childcare licensee and/ or qualified staff at:

A Child's Journey Montessori School 11711 124th Ave NE Kirkland, WA 98034

Parent/Guardian signature: _____ Date: _____

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatments and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty and perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian signature: _____ Date: _____

Child's health information

Date of child's last physical:

Child's health care provider:

Phone number:

Address:

Any allergies including drug reaction:

Regular medications:

Child's dentist name:

Phone number:

Address:

Other important information:

Child's medical insurance coverage

Insurance Company name:

Policy holder name:

Policy number:

Employer name:
