



**The Montessori Elementary School
Before and After School Care Registration Form
2011-2012**

STUDENT INFORMATION

Registration Fee: \$10.00

First Name	Last Name	Teacher Name	
Home Address	City	State	Zip
Home Telephone	Date of Birth	Grade for 2011-2012	

1) PARENT/GUARDIAN INFORMATION

Name	Relationship to Student	E-mail Address	
Address (if different from student)	City	State	Zip
Home Phone	Work Phone	Cell Phone	

2) PARENT/GUARDIAN INFORMATION

Name	Relationship to Student	E-mail Address	
Address (if different from student)	City	State	Zip
Home Phone	Work Phone	Cell Phone	

May your child be released to anyone other than the custodial parent? Yes No
If Yes, please list: _____

EMERGENCY CONTACT (If Parent/Guardian cannot be reached)

Name	Phone	Relationship
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Does your child have any known allergies? Yes No
If Yes, please list: _____

Promise of Prompt Payment

Account balance must be paid in full and kept current. My child/children will not be able to attend Before/After care if after 30 days the balance has not been paid in full, or arrangements have not been made.

Signature: _____ Date: _____