

**LITTLE ONES
MONTESSORI**
Registration Form

For office use only:

Date of enrollment: _____

Date of registration: _____

Personal Information

Full Name of Child: _____ Gender: _____

Name Child Responds To: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Mother's Name: _____ Place of Employment: _____

Home Phone: _____ Work Number: _____

Cell Number: _____

Email: _____

Address (If different from child):

Father's Name: _____ Place of Employment: _____

Home Phone: _____ Work Number: _____

Cell Number:

Address (If different from child):

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Persons Authorised to Pick up Child (other than parents listed above)

- | | |
|--------------|-------------------|
| 1.) Name: | Relationship: |
| Home Number: | Work/Cell Number: |
| 2.) Name: | Relationship: |
| Home Number: | Work/Cell Number: |
| 3.) Name: | Relationship: |
| Home Number: | Work/Cell Number: |

Emergency Contact (other than parents listed above)

- | | |
|--------------|-------------------|
| 1.) Name: | Relationship: |
| Home Number: | Work/Cell Number: |
| 2.) Name: | Relationship: |
| Home Number: | Work/Cell Number: |
| 3.) Name: | Relationship: |
| Home Number: | Work/Cell Number: |

Emergency Health Information

| | |
|-----------------------|---------------------|
| Doctor's Name/Clinic: | Phone Number: |
| Address: | |
| Dentist's name: | Phone Number: |
| Address: | |
| Medical Aid: | |
| Medical Aid Pla: | Medical Aid Number: |

Consent for Emergency Care

I _____ authorise the staff of Little Ones Montessori to call a medical practitioner in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: _____ Date: _____

Health Information (Please attach a separate sheet if necessary)

- 1.) Regular medication(s) and reasons for (please list):

- 2.) Allergies/Reactions and treatment (please list):

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3.) Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.) (please list and describe):

4.) Any concerns regarding your child's development (behaviour, speech, language, mobility, etc) (please list and describe):

Any Other Comments

Signature of Parent Providing Information

Parent Signature

Date

Little Ones Montessori Directress Signature

Date

Leaving the School

Should you wish to remove your child from Little Ones Montessori, you will need to provide one calendar month's written notice, school fees for this period will need to be paid in full.

Photo Documentation Consent

Documenting the School's activities is a part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom only. I, _____ understand that photos may be taken of my child as they take part in the daily activities at the school. I give the staff of Little Ones Montessori permission to take photos and display in the classroom.

Parent Signature

Date

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Facebook Photo Documentation Consent

Little Ones Montessori has its own Facebook page. This page is a place to communicate, see updates on the school, view pictures of your child's day, and for people to see firsthand what Little Ones Montessori is all about. To post any photos, Little Ones Montessori needs your written consent to do so. Please fill out the appropriate section below.

I, _____ give Little Ones Montessori permission to post photos of my child, _____, on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

Parent Signature _____ Date _____

OR

I, _____ do not give Little Ones Montessori permission to post photos of my child, _____, on their Facebook page.

Parent Signature _____ Date _____