

Stepping Stones Montessori School

Emergency/Enrollment Form—Summer _____

Child's Name: first _____	middle _____	last _____
Child's nickname _____	Child's birth date _____	Child's grade level in fall _____
Child's home address _____		
Child's home phone(s) _____		

Parents' names	m _____	f _____
Parents' home phone	m _____	f _____
Parents' addresses	m _____	f _____
E-mail addresses	m _____	f _____
Workplace Name	m _____	f _____
Work/Cell number	m _____	f _____

• Please list names/phone numbers of **people who should be called in an emergency** if parent contacts are not reachable.

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

• Please list names/phone numbers of **people who are allowed to transport** your child. *No one other than those listed below will be allowed to pick up your child without your permission.*

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

• Name of **Child's Physician** _____ Phone _____

• Please describe any **allergies** (to food, medication, bee stings, latex, etc.) your child might have:

• Please indicate any **medications** your child takes on a regular basis:

• Please indicate any known **medical issues/illnesses** (asthma, eyeglasses, etc.):

Permissions/Signatures

• **Emergency Medical Care:** *I authorize Stepping Stones Montessori School to obtain emergency medical care deemed necessary for my child.*

Signature _____ Date: _____

• **Publicity Issues:** *I understand that my name and phone number may be shared with other parents for phone tree and communication purposes. I understand that my child's photo and/or name may be published in publicity and/or advertising materials such as newspapers, the school website, school brochures or other informational literature.*

Signature _____ Date: _____