



MONTESSORI CHILD DEVELOPMENT CENTERS OF CA, INC.

Visiting Children/Alumni Registration and Emergency Information

Date attending _____

Child's Name _____ Gender _____ Age _____ Birth date _____
Home Address _____ Home email _____
City _____ Zip Code _____ Home Phone _____
Cell Phone Mother _____
Cell Phone Father _____

Parents/Guardians

Father _____ Mother _____
Business Phone _____

I hereby give my consent to the Montessori Child Development Center and their staff to administer First Aid, and to authorize a medical doctor and emergency medical personnel to perform necessary emergency treatment and authorize emergency transport of my child to a nearby medical facility if it is deemed necessary while he/she is in attendance at the Montessori Child Development Center. I agree to accept the financial responsibilities for any and all costs thus incurred in the treatment of any illness, accident or injury of the above named minor.

I hereby give permission for my child to take part in all school activities while visiting the Montessori Child Development Center.

I am aware that my above named child will be in contact with the school animals (pets). I hereby give my permission for my child to participate in activities involving the care and feeding of the animals present on the school site and release the school from liability due to injury or allergic reactions incurred by the proximity to the animals.

I hereby authorize and give permission to the Montessori Child Development Center to release my child into the custody of the below-named person(s), during or after class. NOTE: CHILD WILL NOT BE ALLOWED TO LEAVE THE SCHOOL PREMISES WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM THE RESPONSIBLE PARENT OR GUARDIAN.

Person(s) authorized to pick child up _____ Relationship _____

Alternate persons to be called if parents cannot be reached:

Name _____ Name _____
Relationship _____ Relationship _____
Telephone _____ Telephone _____

Please indicate an out of town (100 miles away) contact in case of earthquake or other emergency if you are unreachable:

Name _____ relationship _____ Phone _____

Doctor to be called in an emergency:

Name _____ Telephone _____ Child's regular Dr.? _____
Address _____ City _____

I understand a voluntary donation to MCDC is gratefully accepted. MCDC is a Non-Profit 501c3 Corporation and your donation may be tax deductible.

Signature of Parent/Guardian Date