

The Children's Tree Montessori School reviewed: \_\_\_\_\_  
Please complete in pencil enrollment date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

Parent Name and Address: \_\_\_\_\_

Parent Work name and Address & Phone: \_\_\_\_\_

Parent Name and Address: \_\_\_\_\_

Parent Work name and Address & Phone: \_\_\_\_\_

Parents give the Children's Tree Permission to transport your child \_\_\_\_\_

Weekly Schedule: \_\_\_\_\_

I give permission for my child to be interviewed/photographed for school events: \_\_\_\_\_

Persons to call in an emergency if I am not available and persons that my child may be released to:  
Please include name, phone number, address, and relationship.

1) \_\_\_\_\_

2) \_\_\_\_\_

Please include name, address, and phone number:

Doctor: \_\_\_\_\_

Dentist: \_\_\_\_\_

Allergies/ Medication \_\_\_\_\_

I give my consent for the Children's Tree to contact the above physician if my child has a medical emergency, or if they need to update records or advise on my child. I understand if my child's physician is not available another physician may be contacted. I also give permission for the Children's Tree to provide 1st aid as needed and seek medical attention in an emergency at the closest medical facility. I will be responsible for medical charges. \_\_\_\_\_

Parents authorize emergency medical treatment: \_\_\_\_\_

Insurance information: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_