

Ch. # _____

Date _____



New World Montessori School
10333 Enterprise Dr., Mequon, WI 53092

Child Enrollment and Medical Consent Form

Please Print

Child's Full Name _____ Age _____

Name child is called _____ Date of Birth (M/D/Y) _____ Place of Birth _____ Gender _____

Enrolling for Toddler a.m. 8:00-11:30 Toddler all day 8:00-3:00. Primary (under age 5) 8:00-11:30 Bambini (under age 5) 11:30-3:00 Extended Day (ages 5-6) 8:00- 3:00 Elementary 8:00- 3:00

Please check any information you would **not** like included in the parent directory.

| | |
|---|---|
| Mother/Guardian _____ Address _____ City, State, Zip _____ <input type="checkbox"/> Home phone: _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> Business phone: _____ Employed by _____ Occupation _____ <input type="checkbox"/> Email _____ | Father/Guardian _____ Address _____ City, State, Zip _____ <input type="checkbox"/> Home phone: _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> Business phone: _____ Employed by _____ Occupation _____ <input type="checkbox"/> Email _____ |
|---|---|

Child lives with ___ both parents ___ Mother ___ Father ___ Guardian

If the child is regularly cared for by an adult other than parents, please supply that person's name and phone number:

Name _____ Contact # _____

Names and Locations of other schools attended:

Please list the names and ages of other children in the family.

Emergency Contact: Name of person(s) to notify in case of emergency when parent/guardian is not available:

Name: _____ Phone # _____ Alt # _____

Name: _____ Phone # _____ Alt # _____

Person(s) authorized to call for my child:

Name: _____ Day phone # _____ Alt # _____

Name: _____ Day phone # _____ Alt # _____

Name: _____ Day phone # _____ Alt # _____

MEDICAL RELEASE:

Should (Child's Name) _____ suffer an injury or illness while in the care of New World Montessori School and the school is unable to contact me immediately, 911 emergency services will be called and will be authorized to secure necessary medical treatment and care for the child. I certify that I will be liable for all transportation, medical and hospital expenses incurred in connection with medical treatment. Child's primary source of healthcare is:

(Physician/Clinic Name)

(Phone Number)

Please list all medical conditions (including drug/food allergies) or other pertinent health information:

PHOTO PERMISSION:

Photographs may be used in brochures, advertisements, local news media, NWMS events, video, and the New World website and Facebook page. Students are never identified in photos.

___ YES, I give permission for New World Montessori School to use my child's photograph (or my family's photo).

___ NO, do not use my child's or family's photograph.

IMPORTANT NOTE: Each new student is accepted for a four-week probation period. If he or she is unable to adapt to our classroom procedures or respond to redirection, we may request withdrawal. Parents will be notified immediately if their child is having difficulties, and the staff will make every effort to work cooperatively with each family.

New World Montessori School is a non-profit institution and does not discriminate on the basis of race, creed, age, gender, color, national or ethnic origin, sexual orientation, or religion in any aspect of its operations, programs, policies or procedures. I hereby make application for the above named student to be admitted to New World Montessori School. I have enclosed a non-refundable registration fee of \$250.00.

Parent /Guardian Signature _____

Today's Date _____