

# FAMILY ENROLLMENT FORM

Emergency Contact _____ <div style="text-align: center;">RELATIONSHIP TO CHILD</div>	Emergency Contact _____ <div style="text-align: center;">RELATIONSHIP TO CHILD</div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First Name</td> <td style="width: 33%;">MI</td> </tr> </table>	Last Name	First Name	MI	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First Name</td> <td style="width: 33%;">MI</td> </tr> </table>	Last Name	First Name	MI
Last Name	First Name	MI					
Last Name	First Name	MI					
Street Address	Street Address						
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Home Phone	Cell Phone						
Home Phone	Cell Phone						
Employer Name & Address	Employer Name & Address						
Work Phone / Ext.	Work Phone / Ext.						
Email Address	Email Address						

## CHILD INFORMATION

Last Name	First Name	MI	Dentist	Phone
Date of Birth	Sex	Ethnicity	Doctor	Phone
Insurance Provider	Policy Number		Most Recent Physical	
Known Allergies				
Potty Trained Since			Prior Montessori Experience	

WINDSOR DISCOVERY CENTER / WINDSOR MONTESSORI SCHOOL  
 TELEPHONE: 860.285.1400 FAX 860.285.1440  
[www.windsormontessorict.com](http://www.windsormontessorict.com)



**EMERGENCY CONTACT INFORMATION**

Emergency Contact _____			Emergency Contact _____		
RELATIONSHIP TO CHILD			RELATIONSHIP TO CHILD		
_____ Last Name	_____ First Name	_____ MI	_____ Last Name	_____ First Name	_____ MI
_____ Street Address			_____ Street Address		
_____ City	_____ State	_____ Zip Code	_____ City	_____ State	_____ Zip Code
_____ Home Phone		_____ Cell Phone	_____ Home Phone		_____ Cell Phone
_____ Employer Name & Address			_____ Employer Name & Address		
_____ Work Phone / Ext.			_____ Work Phone / Ext.		
Emergency Contact: <input type="checkbox"/> Ok to Pick Up Child: <input type="checkbox"/>			Emergency Contact: <input type="checkbox"/> Ok to Pick Up Child: <input type="checkbox"/>		

**Emergency Care Authorization**

I certify that I am the parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

<b>Wait List:</b>	<b>Program:</b>	<b>Teacher:</b>	<b>Summer Program:</b>	<b>Start Date:</b>
<b>Family Agreement Signed:</b>	<b>Family Permission Signed:</b>		<b>Physical Date:</b>	
<b>Enrolled in CCM by:</b>	<b>Door Code (s):</b>	<b>Registration fee:</b>	<b>Deposit:</b>	<b>Tuition:</b>