CORAL SPRINGS MONTESSORI

RE-ENROLLMENT FORM 2016-2017

Last 4 digits of Mom's SS# (needed for PIN #) _____

Child's Name_____

Year round (Includes summer, 2015) _____ or school year only_____
Pick-up time (12,3,4,5, or 6)_____
Days of week: Mon___Tue___Wed___Thu___Fri___

Address_____
Street city state zip
Birth Date_____ Gender_____Preferred Name_____

Email Address for school contact (optional)_____

Mother's Name_____(or guardian)

Home Address_____
Street city state zip
Home Telephone_____mobile phone_____

Father's Name_____(or guardian)

Address_____
Street city state zip
Home Telephone_____mobile phone_____

Father or Guardian's Employment_____
Work Address_____Telephone_____
street city state zip
Mother's or Guardian's Employment_____
Work Address_____Telephone_____
street city state zip

Child's Physician_____
Physician Address and Phone Number_____
May the center contact another physician if unable to contact the above?_____
Responsible Party for medical bills_____
Insurance Company Name_____Phone_____
Insured ID Number_____

Other persons to notify and remove child in case of illness or accident (2 names required)

1. Name_____relationship to child_____
Address and phone_____
2. Name_____relationship to child_____
Address and phone_____

Persons permitted to remove child

Mother yes__no__Father yes__no__

1.Name_____relationship to child_____
Address and phone_____
2. Name_____relationship to child_____
Address and phone_____

Signature of person enrolling child_____ Date_____