



Registration and Authorization Form

School Year: _____ Program: _____

Student's Name: (first) _____ (last) _____

Birth Date: ____ (m) ____ (d) ____ (y) Age: ____ Gender: ____ OHIP#: _____

Names/Ages of Siblings: _____

Student's Address: _____

City: _____ Postal Code: _____ Student's Telephone: _____ (H)

Parent/Guardian: _____ (Miss/Mrs./Ms./Mr.) (circle)

Contact Numbers: Home: _____ Work: _____ Cell: _____

Email: _____

Parent/Guardian: _____ (Miss/Mrs./Ms./Mr.) (circle)

Contact Numbers: Home: _____ Work: _____ Cell: _____

Work Address: _____

Email: _____ Student's Physician: _____

Physician's Telephone: _____ Emergency Contact: _____ Work:

_____ Cell: _____ Relationship to

Student: _____ Please list 2 people

other than the contacts listed above who are authorized to pick up your child/ward at time of dismissal.

Contact 1: _____ Relationship: _____ Tel#: _____

Contact 2: _____ Relationship: _____ Tel#: _____

I hereby authorize that the people listed above are able to pick up my child/ward at time of dismissal if I am unable to do so.

Signature of Parent/Guardian: _____ Date _____

I hereby give permission for my child/ward to be photographed for use in school media with the understanding that my child's name will not be used.

Signature of Parent/Guardian: _____ Date _____

I acknowledge that I have read the Enquiring Minds Montessori Parent Handbook found online. I understand that it contains information pertaining to the School's policies and procedures. I agree that it is my responsibility to thoroughly read, to become familiar with, and abide by the handbook's contents.

Signature of Parent/Guardian: _____ Date _____

I hereby register my child/ward with Enquiring Minds Montessori Casa.

Signature of Parent/Guardian: _____ Date _____

