



PARENTS MORNING OUT Registration and Information Form

Child's Name: _____ DOB: _____ Gender: M__ F__
Last, First, Middle mm/dd/yy

Address: _____
_____ Phone: (____) _____

Mother's Name: _____ Phone(____) _____

Residence: _____ Cell Phone:(____) _____

Business Name: _____ Work Phone:(____) _____

Which phone number is best to reach you? __home __cell __work __other (____) _____

Father's Name: _____ Phone(____) _____

Residence: _____ Cell Phone:(____) _____

Business Name: _____ Work Phone:(____) _____

Which phone number is best to reach you? __home __cell __work __other (____) _____

Transportation: Persons authorized to pick up your child from school:

1. _____
Name, Address, Phone Number

2. _____
Name, Address, Phone Number

3. _____
Name, Address, Phone Number

Emergency contact: _____ Relationship: _____

Home (____) _____ Work (____) _____ Cell: (____) _____

Medical Information

Student's Doctor: _____ Phone: _____

List any know allergies, as well as severity and treatment method: _____

List any physical or other limitations your child has and any special procedures to be followed in caring for your child: _____

List any medications student is currently taking, including dosage and frequency: _____

Note: Please complete medication authorization form if your child is taking medications

Describe any special dietary restrictions: _____

List communicable diseases and/or serious illness or surgery which student has had: _____

To the best of my knowledge, _____ is in good physical and mental condition and capable of active participation in all activities except for the following:

Signature of Parent/Guardian

Date

Please attach a copy of your child's insurance card

Authorization for Emergency Medical Care

I hereby give my permission to Hopewell Montessori School and the agents, officers, and servants thereof to choose and secure emergency medical treatment and for chosen doctor, hospital, or medical service to provide emergency medical care and/or surgery for my child, _____ . It is understood that every effort will be made to locate the parents/guardian, or one of the emergency contacts listed on this form before any treatment is sought. I agree to cover any expense incurred by such treatment.

Signature of Parent/Guardian

Date