



# Enrollment Form

## FAMILY INFORMATION

**PLEASE FILL OUT EMERGENCY CONTACT INFORMATION #3 & #4 ON BACK OF FORM**

Emergency Contact #1 <u>RELATIONSHIP TO CHILD</u>			Emergency Contact # 2 <u>RELATIONSHIP TO CHILD</u>		
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			Employer		
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  
 114 PALISADO AVENUE, WINDSOR, CT 06095  
 TELEPHONE: 860.285.1400 FAX 860.285.1440  
[www.windsormontessorict.com](http://www.windsormontessorict.com)



# Enrollment Form Cont.

## EMERGENCY CONTACT INFORMATION

Emergency Contact #3 <i>RELATIONSHIP TO CHILD</i>			Emergency Contact #4 <i>RELATIONSHIP TO CHILD</i>		
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			Employer		
Work Phone / Ext.			Work Phone / Ext.		
Emergency Contact: <input type="checkbox"/>			Emergency Contact: <input type="checkbox"/>		
Ok to Pick Up Child: <input type="checkbox"/>			Ok to Pick Up Child: <input type="checkbox"/>		

### Emergency Care Authorization

I certify that I am a 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

Wait List:	Program:	Teacher:	Deposit:	Tuition:
Parent Agreement Signed: <input type="checkbox"/>	Parent Permission Signed: <input type="checkbox"/>	Physical Date:	Start Date:	
Enrolled in CCM by:		Door Code (s):		