



Windsor Montessori School
Milo W. Peck Child Development Center
 114 Palisado Avenue
 Windsor, CT 06095
 Telephone: (860) 285-1400 x 1; FAX (860) 285-1440

Registration for Montessori Primary Program
September - June

Registration must be done in advance and a \$20.00 check made payable to Windsor Montessori School must accompany each form.

Tuition is payable by the month and must be received by the 15th of each month

Child's Information <hr/> Name <hr/> Street Address <hr/> City, State, Zip <hr/> (____) _____ Telephone Birthdate <hr/> Pediatrician: _____ <hr/> Address Telephone <hr/> Emergency Authorization to pick up child: <hr/> Name Relationship <hr/> Address Telephone <hr/> Name Relationship <hr/> Address Telephone <hr/> Parent's E-Mail Address <hr/>	Mother's (guardian) Information <hr/> Name <hr/> Street Address <hr/> City, State, Zip <hr/> ***** <hr/> Workplace <hr/> Workplace Address, City, State <hr/> Telephone + Ext. Mobile Telephone # <hr/> Father's (guardian) Information <hr/> Name <hr/> Street Address <hr/> City, State, Zip <hr/> ***** <hr/> Workplace <hr/> Workplace Address, City, State <hr/> Telephone + Ext. Mobile Telephone # <hr/>
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Schedule – Please indicate below any childcare needed

- 7:00 AM – 8:30 AM
 8:30 AM – 3:30 PM
 Other, please specify: _____
 8:30 AM – 12:00 PM
 6:45 AM – 5:30 PM

If you have any questions concerning the Windsor Montessori School program guidelines or registration procedures, please contact **Laura Casey** at **(860) 285-1400 x1**.

 Parent's signature Date Windsor Montessori School verification Date

PERMISSION SLIPS

Child's Name: _____

I hereby give permission for my child to participate in field trips, on foot or in an authorized vehicle as scheduled and posted by Windsor Montessori School.

Parent's Signature: _____ Date: _____

I hereby give permission for the following person(s) to pick up my child from the Windsor Montessori School:

Name	Address	Telephone
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Name	Address	Telephone
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*If someone other than the persons listed above will be picking up your child, send in a signed permission slip stating who will be picking up your child.

Parent's Signature _____ Date _____

I hereby give permission for my child to receive transportation to & emergency treatment at the closest hospital.

Parent' Signature _____ Date _____

I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Montessori School staff. Written permission is required for the application of any topical ointments.

Parent's Signature _____ Date _____

I hereby give permission for the Windsor Montessori School to release my child's name and address to the Windsor Public School System solely for enrollment planning purposes.

Parent's Signature _____ Date _____

I hereby consent that the Town of Windsor or any person authorized by the Town may use photographic, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate for the purposes of creating promotional material.

Parent's Signature _____ Date _____

I hereby give permission for my child's name, address, and telephone number to be included in the classroom list distributed to other Windsor Montessori School parents.

Parent's Signature _____ Date _____