



# Enfield Montessori School

2011/2012

The following information is needed for each family. **Please print clearly in black or blue ink.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Home Address

City State Zip

\_\_\_\_\_  
Home telephone

### In case of emergency we will try to contact parents first:

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's emergency/work number

\_\_\_\_\_  
Father's emergency/work number

\_\_\_\_\_  
Mother's cell phone number

\_\_\_\_\_  
Father's cell phone number

\_\_\_\_\_  
Mother's e-mail address

\_\_\_\_\_  
Father's e-mail address

\_\_\_\_\_  
Mother's address (if different than child)

\_\_\_\_\_  
Father's address (if different than child)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Mother's home phone (if different than child)

\_\_\_\_\_  
Father's home phone (if different than child)

### Emergency Information

Person(s) to call:

Name	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### In case of a medical emergency and you cannot be reached, please provide the following information:

\_\_\_\_\_  
Name of Doctor to call

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Hospital to use

\_\_\_\_\_  
Telephone Number

**(OVER)**

## Permission for Pick-ups

State law also demands that we have written permission designating any person(s) other than parents/guardians who may call for their child(ren). The following person(s) have permission to pick up my child(ren).

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

\_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

\_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

\_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

\_\_\_\_\_

Cell number \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature