

# The Montessori School of Camden

## Enrollment Record

Child's full name \_\_\_\_\_ Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_  
 Policy # \_\_\_\_\_ Physician's Name \_\_\_\_\_ Physician's # \_\_\_\_\_

Health Information including limitations, allergies, asthma, diabetes, epilepsy and regular medication:  
 \_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_ is in good mental and physical health and able to participate in the child day care program at The Montessori School of Camden. Certificate of Immunization or waiver must be on file.  
**Best Emergency Contact Number** \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ date \_\_\_\_\_

### PERSONAL RECORD

#### FATHER

#### MOTHER

Name: _____ Address: _____ City, State, Zip: _____ Place of Employment: _____ Occupation: _____ Home phone: _____ Cell phone: _____ Work phone: _____ Email address: _____	Name: _____ Address: _____ City, State, Zip: _____ Place of Employment: _____ Occupation: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email address: _____
--	--

No child will be allowed to leave the school with anyone except parents without written permission from parent. Please allow 48 hours notice for changes to authorized pick-up list.

**Names of persons authorized to pick up child or to be contacted in an emergency if parents cannot be reached:**

(Please attach a photocopy of a driver's license for all persons on the pick-up list)

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship \_\_\_\_\_