



REGISTRATION & EMERGENCY INFORMATION

START DATE: _____

CHILD'S NAME : _____

DATE OF BIRTH: _____ PHONE # _____

ADDRESS: _____

PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD:
NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

EMAIL: _____ EMAIL: _____

While my child is attending Stonebridge Montessori School, I can be reached at:
LOCATION: _____ LOCATION: _____

PHONE #: _____ PHONE: _____

Special Instructions: _____

Emergency Contact Person and Authorized Pick up:

You are required to have at least 1 person who may assume responsibility of your child in an emergency, if the parent/guardian cannot be reached immediately.

Name Relationship Phone #

Name Relationship Phone #

Parent or Guardian Signature

Date