



## 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