



**Student Information/Registration Form**

Child's Full Name (First, Middle, Last)

Male \_\_\_\_\_ Female \_\_\_\_\_

Birth date

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Branch

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**Health History/Medical Information**

**Important Notice:** State law requires all students to be immunized before they enter school. Please complete/update the immunization form and return it to the Main Office before the first day of school. Allergy and Immunization forms available at all locations.

If there are medical conditions an individual health plan must be completed and returned to the Main Office.

Does your child have any specific health problems which the staff should be aware of? (i.e., vision or hearing loss, allergies, physical limitations, etc.):

List of current Medications: \_\_\_\_\_

**Physician Information**

Name of child's physician \_\_\_\_\_ Phone number \_\_\_\_\_

Address

Date of last physical exam \_\_\_\_\_

**Dentist Information**

Name of child's dentist \_\_\_\_\_ Phone number \_\_\_\_\_

Address

Date of last dental exam \_\_\_\_\_

**CONSENT TO MEDICAL TREATMENT AND CARE OF MINOR CHILDREN**

I, \_\_\_\_\_, hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified staff member at Northwest Montessori School. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

\_\_\_\_\_  
Parent signature Date

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**If the Parent/Guardian cannot be reached in an emergency, whom may we call?**

\_\_\_\_\_  
Name Day/Work Phone Cell Phone  
\_\_\_\_\_  
Name Day/Work Phone Cell Phone

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**Permission for Field Trips**

I hereby give my child permission to go on any field trips or excursions planned by Northwest Montessori School and to use transportation provided by the school.

\_\_\_\_\_  
Parent/Guardian Signature Date

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**PHOTOGRAPHY AND DIRECTORY REFUSAL**

**Please note:** Unless you indicate, by marking the boxes below, that you **do not** want to be included in the All-School Directory or have photos taken of your child, Northwest Montessori School will list your family in the NWM Directory and may use photos of your children in school promotions, advertising or the school's website.

- I, \_\_\_\_\_, do not want photos taken of my child, \_\_\_\_\_, for school promotions, advertising or the Northwest Montessori website.
  
- Please do not include the following information for our listing in the All-School Directory:  
\_\_\_ Child's Name(s)                      \_\_\_ Parent's Name(s)                      \_\_\_ Email Address  
\_\_\_ Home Address                              \_\_\_ Home Phone Number

In consideration for acceptance of my child as a student at Northwest Montessori School, the undersigned agrees to indemnify Northwest Montessori School - its directors and employees - against any claims/demands made by or on behalf of:  
  
Name of Child: \_\_\_\_\_  
  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
  
Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_