

Casa dei Bambini

Montessori Children's Center

REGISTRATION & EMERGENCY CONTACT INFORMATION

CHILD'S NAME (LAST, FIRST)

DATE OF BIRTH

HOME PHONE

ADDRESS

CITY

STATE

ZIP

START DATE

SELECT FROM THE FOLLOWING PROGRAM OPTIONS

Five Day	Three Day	Two Day
Monday – Friday Early AM Extended Care: ◦ 7:00 a.m. – 7:30 a.m. Standard Programming: ◦ 7:30 a.m. – 5:30 p.m.	◦Mon ◦Tues ◦Wed ◦Thurs ◦Fri Early AM Extended Care: ◦ 7:00 a.m. – 7:30 a.m. Standard Programming: ◦ 7:30 a.m. – 5:30 p.m.	◦Mon ◦Tues ◦Wed ◦Thurs ◦Fri Early AM Extended Care: ◦ 7:00 a.m. – 7:30 a.m. Standard Programming: ◦ 7:30 a.m. – 5:30 p.m.

Call Casa dei Bambini Montessori Children's Center for program options. **603.227.9300**

EMERGENCY/CONTACT INFORMATION

PARENT(S)/GUARDIAN(S) NAME

PARENT(S)/GUARDIAN(S) NAME

ADDRESS

ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP

PHONE

CELL

PHONE

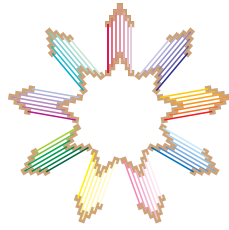
CELL

E-MAIL

E-MAIL

PREFERRED CONTACT (when child is at school)

PEFERRED CONTACT (when child is at school)



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ADDITIONAL EMERGENCY CONTACT & AUTHORIZED PICK UP

Please list at least 1 person who may assume responsibility for your child in an emergency if the parent(s)/guardian(s) cannot be reached. Use additional sheets if necessary.

NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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NAME	RELATIONSHIP	PHONE
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PARENT/GUARDIAN SIGNATURE	DATE
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