

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	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Early AM Extended Care:	Early AM Extended Care:	Early AM Extended Care:
<input type="checkbox"/> 7:00 a.m. – 7:30 a.m.	<input type="checkbox"/> 7:00 a.m. – 7:30 a.m.	<input type="checkbox"/> 7:00 a.m. – 7:30 a.m.
Standard Programming:	Standard Programming:	Standard Programming:
<input type="checkbox"/> 7:30 a.m. – 5:30 p.m.	<input type="checkbox"/> 7:30 a.m. – 5:30 p.m.	<input type="checkbox"/> 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

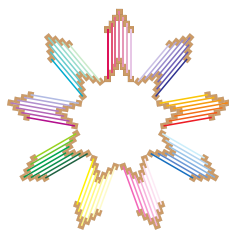
PHONE CELL

E-MAIL

E-MAIL

PREFERRED CONTACT (when child is at school)

PEFERRED CONTACT (when child is at school)



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REGISTRATION & EMERGENCY CONTACT INFORMATION

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

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

PARENT/GUARDIAN SIGNATURE

DATE