

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

HOME PHONE

WORK PHONE

HOME PHONE

WORK PHONE

CELL PHONE

CELL PHONE CARRIER

CELL PHONE

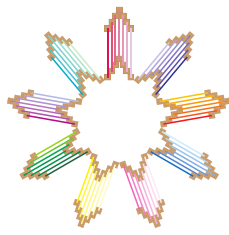
CELL PHONE CARRIER

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

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

PARENT/GUARDIAN SIGNATURE

DATE