



General/Transportation Form

3 years and older ONLY

Montessori Academy of Northern Colorado

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Wk Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_ email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_ Employer \_\_\_\_\_

Wk Address \_\_\_\_\_ Wk Phone \_\_\_\_\_ email \_\_\_\_\_

In case of emergency and neither parent can be reached, our contact people are:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Hm# \_\_\_\_\_ Wk# \_\_\_\_\_ Hm# \_\_\_\_\_ Wk # \_\_\_\_\_

Cell# \_\_\_\_\_ best # \_\_\_\_\_ Cell# \_\_\_\_\_ best # \_\_\_\_\_

People designated to pick up my child \_\_\_\_\_

Student's Doctor, phone and address \_\_\_\_\_

Student's Dentist \_\_\_\_\_

Hospital name, phone and address \_\_\_\_\_

Allergies (Indicate type) \_\_\_\_\_

Surgery, accidents, and other special issues we should be aware of \_\_\_\_\_

I hereby give my permission to the Center to call a doctor for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to locate us and before any action is taken, but if it is not possible to locate us, this expense will still be accepted by us. The name and policy number of my child's insurance is \_\_\_\_\_. I release the school, staff and property owners from responsibility of accident or injury to my child while he/she is in school or on the way to or from school activities.

Parent's Signature

Date

Parent's Signature

Date

Parent/ Guardian Printed Name

Parent/ Guardian Printed Name

