

## Registration and Enrollment: 2007-2008

### Angels Montessori School

17415 NW Walker Rd, Beaverton OR 97006

Phone: 503-810-8724, 503-442-4163

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mom's Name \_\_\_\_\_

Dad's Name \_\_\_\_\_

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

Home phone \_\_\_\_\_

Mom's work phone \_\_\_\_\_

Dad's work phone \_\_\_\_\_

Mom's mobile \_\_\_\_\_

Mom's Email \_\_\_\_\_

Dad's Mobile \_\_\_\_\_

Dad's Email \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Guardian's Address \_\_\_\_\_

Guardian's Mobile \_\_\_\_\_

Emergency contact person 1 \_\_\_\_\_

Emergency contact person 2 \_\_\_\_\_

Child's doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Allergies \_\_\_\_\_

Enrolled: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Preferred hospital in case of emergency \_\_\_\_\_

*If emergency medical care is needed, I give permission to Angels Montessori to transport my child to the nearest/ preferred hospital for treatment and agree to pay all the medical bills.*

*I give permission for Angels Montessori to take pictures of our child to post in the classroom and on the school web site.*

Yes .....

No .....

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