

Barrie Montessori & Elementary Private School

Please check your preferences:

- Casa Grade 1 Grade 2 Grade 3
 Full Day Half Day
 5 Days/Week 4 Days/Week 3 Days/Week 2 Days/Week

Please circle days your child will be attending: M T W TH F

- Before School Program After School Program Before and After School Program
-

STUDENT INFORMATION

Surname, Given Name _____ Date of Birth _____

Home Address _____ Home Telephone _____

_____ Cell Phone _____

_____ Home Email _____

Language(s) spoken at home _____

People living in household other than parents and siblings _____

Siblings (Names, Ages) _____

PARENT INFORMATION

MOTHER

FATHER

Surname, Given Name _____ Surname, Given Name _____

Home Address (if different than above) _____ Home Address (if different than above) _____

Business Phone Number: _____ Business Phone Number: _____

Barrie Montessori & Elementary Private School

EMERGENCY INFORMATION

Please provide information about the person(s) to be contacted if parents are unavailable.

Name _____ Relationship to Child _____

Phone Number _____ Cell Phone _____

Name _____ Relationship to Child _____

Phone Number _____ Cell Phone _____

If I am/we are not available in case of an emergency, I grant permission for Barrie Montessori & Elementary Private School, Inc. to select a physician to treat my child.

Child's Name _____ Date _____

Signature of Parent/Guardian _____

PICK UP INFORMATION

The following people are permitted to pick up my child.

Name _____ Relationship to Child _____

Phone Number _____ Cell Phone _____

Name _____ Relationship to Child _____

Phone Number _____ Cell Phone _____

Barrie Montessori & Elementary Private School

MEDICAL INFORMATION

Child's Family Physician _____ Phone Number _____

Address _____

Child's Health Card Number _____ Version Code _____

Please list your child's allergies (if applicable) _____

Are these allergies (circle one) mild moderate severe anaphylactic (life threatening)?

Please explain _____

Does your child have any medical conditions that we need to be aware of? Please explain.

Signature of Parent

Date
