



# ***International Montessori Academy***

## **Student Registration Form**

### **Fall 2011/2012**

#### **Student Information**

_____		_____		<b>M</b>	<b>F</b>
<i>Child's Name</i>		<i>Date of Birth</i>		<i>Sex</i>	
_____	_____	_____	_____		
<i>Grade</i>	<i>Hours/Days</i>	<i>Full/Half Day</i>	<i>Fees Paid</i>		

#### **Parent/ Contact Information**

_____		_____	
<i>Parent's/Guardian's Name</i>		<i>Parent's/Guardian's Name</i>	
( ) _____	( ) _____	( ) _____	( ) _____
<i>Home Phone</i>	<i>Work Phone</i>	<i>Home Phone</i>	<i>Work Phone</i>
( ) _____	( ) _____		
<i>Cell Phone</i>	<i>Cell Phone</i>		
_____		_____	
<i>Address</i>		<i>Address</i>	
_____		_____	
<i>City, ST, ZIP Code</i>		<i>City, ST, ZIP Code</i>	

#### **Alternative/Emergency Contacts**

_____		_____	
<i>Primary Emergency Contact</i>		<i>Secondary Emergency Contact</i>	
( ) _____	( ) _____	( ) _____	( ) _____
<i>Home Phone</i>	<i>Work Phone</i>	<i>Home Phone</i>	<i>Work Phone</i>
_____		_____	
<i>Address</i>		<i>Address</i>	
_____		_____	
<i>City, ST, ZIP Code</i>		<i>City, ST, ZIP Code</i>	



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#### **Medical Information**

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*Physician's Name*

*Phone Number*

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*Allergies/Special Health Considerations*

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event of an emergency.

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*Parent's/Guardian's Signature*

*Date*

#### ***Permission***

I give permission for my child to go on field trips. I release International Montessori Academy and individuals from liability in case of any accident during activities related to IMA.

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*Parent's/Guardian's Signature*

*Date*

I give permission for International Montessori Academy to apply sunscreen and bug spray to my child as needed. If my child has skin allergies I will inform the teachers of this allergy and provide alternate sunscreen and/or bug spray if necessary.

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*Parent's/Guardian's Signature*

*Date*

\_\_\_\_\_ I authorize IMA to photograph my child for the classroom, website, Facebook, and or school newsletters. The photograph will not be used for any other purposes.