

Registration for Alpha Montessori School

301 Canal Street

Metairie, LA 70005

Phone (504) 833 - 2808

oldmetairiealpha@aol.com

Child's name: _____ Sex: _____ Date of Birth: _____

Name you wish your child to be called: _____

<p>x _____ Mother's First Name Middle Initial Last Name</p> <hr/> <p>Address (Street & No) City Zip</p> <hr/> <p>Place of employment Occupation Title</p> <hr/> <p>Home Phone Work Phone</p> <hr/> <p>Cellular Pager</p> <hr/> <p>Email Address</p>	<p>x _____ Father's First Name Middle Initial Last Name</p> <hr/> <p>Address (Street & No) City Zip</p> <hr/> <p>Place of employment Occupation Title</p> <hr/> <p>Home Phone Work Phone</p> <hr/> <p>Cellular Pager</p> <hr/> <p>Email Address</p>
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Person with whom child lives: _____ Comment on back which days each parent will pick child up.

Child's Doctor (Full name) _____ Doctor's Phone Number _____

Preferred Hospital: _____ Insurance: _____

Person to call in case of an emergency _____ Relationship _____

Emergency phone # _____

Does your child have difficulty with his/her hearing? _____ If yes, describe _____

Does your child have difficulty with his/her vision? _____ If yes, describe _____

Does your child have any difficulties or disabilities which need our special help or attention? _____

Describe _____ Past illnesses? _____

Medicines allergic to: _____ Potty trained? _____

Food allergies? _____

Any problems playing with other children? _____

Comments about your child that will help us. _____

How did you learn about Alpha? _____

***** Please use space on back of application for additional information about your child. *****

I authorize this facility to care for my child during the time he/she is in the facility or participating in a facility sponsored field trip and to administer and/or obtain emergency treatment for my child in the event that I cannot be reached. I give my permission for my child to be photographed during schooltime activities.

Parent's Signature _____ **Date** _____

CHILD'S NAME: _____

Alpha Montessorri of Olde Metairie

301 Canal Street Metairie, LA 70005 504-833-2808 oldmetairiealpha@aol.com

Name I wish my child called _____

Other children in family:

Name _____ Age _____ School attending _____

Name _____ Age _____ School attending _____

Name _____ Age _____ School attending _____

Kind of pet(s) _____ Name(s) _____

Church affiliation? Father _____ Mother _____

Child's previous school experience _____

What are child's interests? _____

Do you read to your child? Yes _____ No _____ Name of favorite books _____

What are your child's favorite toys? _____

Does your child make friends easily with other children? Yes _____ No _____

What contacts does he/she have with other children? _____

How did you learn about our school? _____

Who recommended our school? _____

Any contagious disease, serious accidents or operations we should know about (past or present)? _____

Any known allergies? _____ Forbidden foods? _____

Asthma? _____ Nosebleeds? _____ Fears? _____

Physical or mental problems? _____

The thing I most wish for my child to experience while at Alpha Montessori of Olde Metairie is _____

Grandparents involved? Yes _____ No _____

Names

Maternal

grandmother _____ grandfather _____

(Name called by) _____

Address _____

City, State, Zip _____

Paternal

grandmother _____ grandfather _____

(Name called by) _____

Address _____

City, State, Zip _____

Child's
Name _____

Date _____

I authorize one or more of the below listed individuals to pick-up the above named child at anytime during care. I understand it is my responsibility to notify the facility in the event of a change.

I understand the child will not be released to any individual NOT listed below .

Emergency Numbers and Person's Authorized to pick up your child:

NAME: _____ RELATIONSHIP: _____ PHONE _____

NAME: _____ RELATIONSHIP: _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME: _____ RELATIONSHIP: _____ PHONE _____

NAME: _____ RELATIONSHIP: _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PARENT'S SIGNATURE: _____ Date: _____

Please notify the above individuals that they may be asked to show proof of identity.

Please list any additional names, relationship, and phone numbers below.