

Student's Name and Address:		
Last:	First:	Middle:
Address:	City:	Zip:
Student's Date of Birth:		

Original Enrollment Date:
First Day of Attendance:
Withdrawal Date:
Re-enrollment Date:
Updated:
SAIS ID#
Office Use Only

Parent Information:	<u>Mother</u>
Name:	Home Phone:
Address: City: Zip:	Cell Phone:
Place of Employment:	Work Phone:
Address: City: Zip:	Email:

<u>Father</u>	
Name:	Home Phone:
Address: City: Zip:	Cell Phone:
Place of Employment:	Work Phone:
Address: City: Zip:	Email:

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:
(Please list a MINIMUM of two contacts)

Name	Name
Phone	Phone
Name	Name
Phone	Phone
Name	Name
Phone	Phone

The following persons MAY NOT remove my child from the center:

Name:	Name:
Court Papers on file here at Good Earth Montessori/GEM Charter: _____yes _____no	

Medical Information for _____ (child's name)

Child's Pediatrician

Name: _____ Phone: _____

Address: _____

Hospital

Name: _____ Phone: _____

Address: _____

Medical Insurance Information

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

Is child allergic to food, medication, or other substances? (Please list items AND procedure to follow if reaction occurs)

Is child usually susceptible to infections? If so, what precautions need to be taken?

Is child subject to convulsions and what should be our procedure if one occurs?

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? _____

Additional Comments and Other Special Instructions:

In case of injury of sudden illness, _____ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense for this service will be accepted by me. If I cannot be contacted, I authorize any staff member or attendant present at Good Earth Montessori/GEM Charter School, to authorize medical treatment.

I declare that all information provided on this form is correct;

Parent Signature: _____ Date _____

Parent Signature: _____ Date _____

Notes: _____

