



STUDENT INFORMATION

Child:		Date of Enroll:	Sex:	Birth date:
Street Address:	City:	State:	Zip:	Home Phone:
Names and Ages of Siblings				Grade
Previous School Attended: Dates (from) _____ (to) _____			How were you referred to Compass Star Montessori School?	

PARENTS/GUARDIAN INFORMATION

Father Name:	Place Employed	Cell Phone/Pager	Email Address
Home Address:			Home Phone:
Business Address:		Business Hours:	Business Phone:
Mother Name:	Place Employed	Cell Phone/Pager:	Email Address
Home Address:			Home Phone:
Business Address		Business Hours:	Business Phone
Person(s) or Agency Having Legal custody of Child:			

EMERGENCY INFORMATION

Medical Conditions/ Pertinent Developmental Information/ Special Accommodations needed:

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency	Epi pen? <input type="checkbox"/> yes <input type="checkbox"/> no Location:
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Child's Physician:	Street Address:			
	City:	State:	Zip:	Phone:

Please list Emergency Contact if Parent(s) Cannot be Reached

1)	Street Address:			
	City:	State:	Zip:	Phone:
2)	Street Address:			
	City:	State:	Zip:	Phone:

Person(s) authorized to visit, call or pick up child

Person(s) NOT authorized to visit, call or pick up child. *appropriate custodial paperwork should be attached if parent is not allowed to pick up child.

MEDIA CONSENT

<input type="checkbox"/> My Child's name, address, pictures and phone number may be included in the Compass Star Montessori School Directory.	<input type="checkbox"/> I would prefer NOT to be in the directory
<input type="checkbox"/> Photographs or video may be taken of my child within the classroom, on school grounds and fieldtrips for use in articles, brochures, websites etc.	<input type="checkbox"/> I do NOT authorize photographs or video to be taken of my child