



Parent/Guardian Information And Consent Form

Date: _____

Child's Name: _____
(first) (last)

Child's Birth Date: _____ Gender: M F

Child's Home Address: _____
(street, city, zip code)

Child's Home Phone Number: _____
(please include area code)

Email Address: _____
(please provide one address for office use only – will not be published or shared)

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Business Phone Number: _____ Business Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____
(please include area code) (please include area code)

In Case of Emergency (If parent/guardian cannot be reached) Who May Also Pick Up My Child

Name: _____ Phone Number: () _____ Address: _____

Name: _____ Phone Number: () _____ Address: _____

Name: _____ Phone Number: () _____ Address: _____

Names of Individuals Who May Not Pick Up My Child

Name: _____ Phone Number: () _____ Address: _____

Name: _____ Phone Number: () _____ Address: _____



Parent/Guardian Information And Consent Form continued

Doctor's Name: _____

Doctor Address &
Phone Number: _____
(street, city, zip code)

General Release

In consideration of the child's enrollment in Northwest Suburban Montessori School, the parents/guardians hereby release and agree to indemnify and hold harmless Northwest Suburban Montessori School, its directors and employees, from and against any liability, damages, costs, expenses, claims, actions, or causes of action of any nature arising out of or incurred in connection with or in the course of the child's participation in on-premises or off-premises programs and/or activities of the Northwest Montessori School including but not limited to exercises, dancing, use of materials, nature walks, field trips, or playground activities.

Medical Release

In the event of a medical emergency, the parents/guardians of the enrolled child hereby authorizes treatment of the child, in the absence and without notice to the parents or guardians, by trained medical professionals. In the absence of and/or until such trained medical professional assistance has arrived, the parents/guardians authorize the personnel of the Northwest Montessori School to render such first aid as deems prudent. The Northwest Suburban Montessori School will endeavor to make whatever effort is reasonable, under the circumstances, to notify the parents/guardians, of such a medical emergency. The parents/guardians agree to pay for the cost of any medical treatment incurred in connection with such medical emergency.

Consent

The parent/guardian of the enrolled child hereby permits the child's participation in on-premises programs and/or activities of the Northwest Suburban Montessori School including but not limited to exercises, dancing, use of materials, nature walks, field trips or playground activities. The parent/guardian of the enrolled child hereby permits Northwest Suburban Montessori School to take and display photographs of the child.

(Parent signature) (Date)

(Parent signature) (Date)

I HAVE RECEIVED A PARENT HANDBOOK Yes

For Office Use

APPROVED BY: _____