

THE MONTESSORI CHILDREN'S SCHOOL
CONTACT INFORMATION and PICK-UP AUTHORIZATION

(This form to be completed upon enrollment and updated annually.)

Student Information

Child's Name: _____ DOB: _____ Age: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Messaging System Contacts: List the contact information for use with our school-wide emergency and informational broadcast messages:

Primary Contact #: _____ - _____ - _____ Cell Home Secondary Contact #: _____ - _____ - _____ Cell Home

Use the following email addresses for delivery of the Montessori Messenger:

Primary Email Address: _____ Secondary Email Address: _____

Family Information

Father/Guardian Name: _____ Occupation: _____

Address (if different from student): _____ City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Work Phone Number: _____ - _____ - _____

Primary Contact #: _____ - _____ - _____ Cell Home Secondary Contact #: _____ - _____ - _____ Cell Home

Mother/Guardian Name: _____ Occupation: _____

Address (if different from student): _____ City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Work Phone Number: _____ - _____ - _____

Primary Contact #: _____ - _____ - _____ Cell Home Secondary Contact #: _____ - _____ - _____ Cell Home

Pick-up Authorization

I/We, _____, authorize the following persons to respond in picking-up my/our student from MCS in any **non-emergency** situation. Anyone on this list must present picture ID when arriving to pick-up your student from MCS.

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Signature of Parent/Guardian Date Signature of Parent/Guardian Date