Chesapeake Montessori School	CHILD REGIST	CHILD REGISTRATION FORM			
Child	Nickname	Date of Birth	Sex		
Address		Home Phone			
Chuonic Dhugical Duchlang/Dartinant Davalanmantal Inf	annation/Sussial Assaum	adations Needed			
Chronic Physical Problems/Pertinent Developmental Inf	ormation/special Accomm	odations meeded			
Previous Child Day Care Programs and Schools Attende	d				
If child attends this center and another school/program,	Give name of school/progr	am	Grade		
Parent(s)/G	uardian(s)		-		
Father	Place Employed	Business/Cell Phone			
Home Address		Home Phone if different than child's			
Mother	Place Employed	Business/Cell Phone			
Home Address		Home Phone if different than child's			
Person(s) having legal custody of child (If different than	parents)				
Home Address		Home Phone			
Business Address		Business Phone			
Emergency 1	Information	I			
Allergies or Intolerance to medication, food, etc./ Action to take in an emergency					
Child's Physician	Phone				

Two people to contact if parent(s) cannot be reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) authorized to pick up child		
Person(s) NOT authorized to pick up child*		

*Appropriate paperwork must be attached if parent(s) is(are) not allowed to pick up child, ie custody papers or other court orders.

Agreements

1. Chesapeake Montessori School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the school.

2. The parent(s)/guardian(s) authorize Chesapeake Montessori School to obtain immediate medical care if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **

3. The parent(s)/guardian(s) agree to inform Chesapeake Montessori School within 24 hours or the next business day after the child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signatures

Parent(s) or G	uardian(s)]	Date
Head of School, Chesapeake Montessori School Date child entered Chesapeake Montessori School:			Date		
			Date left:		
**Parent(s)/Guardian stating the objection a		v	king emergenc	y medical care,	please attach a statement
Mother's email address					
Father's email address					
Share email w/ Parent Ass	ociation? YES	NO	Use em	ail for official corr	respondence? YES NO
Office Use Only Iden Fill out the following for proof of identity of the child.		Identi	ty Verification	1	
Place of Birth	Birth Da		Birth Certificate Number Date Certificate Issued		
Other Form of Proof Date Document Viewed		Viewed	Person Viewing Document		

Date of Notification of local law enforcement agency if proof of identity is not provided:

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placement agency, record from public school in Virginia, certification by a principal or designee of a public school in the U.S.A. when a certified copy of the child's birth record was previously presented, or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the preschool assumes responsibility for the child directly from the public school or the preschool transfers responsibility of the child directly to the public school. While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.

May 2010