

Mandala Montessori Enrollment Form Child Admission Agreement

Name of Child/Nickname _____ Enrollment Date ___/___/___

Birth Date ___/___/___ Sex M or F Home Phone _____

Home Address _____
City State Zip Code

Guardian's Name _____ Cell # _____ Work # _____

Employer _____ Guardian's Email _____

Guardian's Name _____ Cell # _____ Work # _____

Employer _____ Guardian's Email _____

Persons Authorized to pick up your child (other than parents, you must provide two)

Name	Relationship to Child	Address	Phone Number

Emergency Contact Person (other than parents, you must provide two)

Name	Relationship to Child	Address	Phone Number

In case of an emergency or serious illness, when parents cannot be reached immediately, I hereby authorize Mandala Montessori to obtain emergency medical care and/or provide emergency medical transportation for my child.

Signature of the Parent/Guardian **Date:** _____

I hereby give the provider permission to transport my child in the provider's vehicle or vehicle provided by Mandala on field trips, with written permission in advance. (This is optional)

Date: _____

***This form must be completed for each individual child enrolled and must be reviewed annually by the parent/guardian, and any changes noted.**

Primary Health Care Provider:

Name: _____ **Phone Number:** _____

Address: _____

Dentist:

Name: _____ **Phone Number:** _____

Address: _____

List any allergies or health concerns below:
