

<b>Student's Name and Address:</b>		
Last:	First:	Middle:
Address:	City:	Zip:
Student's Date of Birth:		

Original Enrollment Date: <b>2011-2012</b>
First Day of Attendance:
Withdrawal Date:
Re-enrollment Date:
Updated:
SAIS ID#
Office Use Only

<b>Parent Information:</b>	<b><u>Mother</u></b>
Name:	Home Phone:
Address: City: Zip:	Cell Phone:
Place of Employment:	Work Phone:
Address: City: Zip:	Email:

<b><u>Father</u></b>	
Name:	Home Phone:
Address: City: Zip:	Cell Phone:
Place of Employment:	Work Phone:
Address: City: Zip:	Email:

**In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:  
(Please list a MINIMUM of two contacts, complete with name, address, and phone number)**

Name	Name
Address	Address
Phone	Phone
Name	Name
Address	Address
Phone	Phone
Name	Name
Address	Address
Phone	Phone

**The following persons MAY NOT remove my child from the center:**

Name:	Name:
Court Papers on file here at Good Earth Montessori/GEM Charter: _____yes _____no	

Medical Information for \_\_\_\_\_ (child's name)

**Child's Pediatrician (If your child currently has no pediatrician, please write 911 in the phone number area.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Hospital**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Insurance Information**

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Is child allergic to food, medication, or other substances? (Please list items AND procedure to follow if reaction occurs)

Is child usually susceptible to infections? If so, what precautions need to be taken?

Is child subject to convulsions and what should be our procedure if one occurs?

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? \_\_\_\_\_

Additional Comments and Other Special Instructions:


In case of injury or sudden illness, \_\_\_\_\_ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense for this service will be accepted by me. If I cannot be contacted, I authorize any staff member or attendant present at Good Earth Montessori/GEM Charter School, to authorize medical treatment.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_.

Notary \_\_\_\_\_.

Commission Expires: \_\_\_\_\_.

Notes: