

The Montessori School  
of Madison



# Montessori School of Madison Registration Form

School year: \_\_\_\_\_/\_\_\_\_\_

Please select the program that your child will attend.

**Preschool Program:** Our preschool program offers both full and half day options. Please select the days and times that you would like your child to attend.

- Half day: 8:00 AM - 12:55 PM

*Please Circle:*    Monday    Tuesday    Wednesday    Thursday    Friday

- Full day: 8:00 AM - 4:00 PM

*Please Circle:*    Monday    Tuesday    Wednesday    Thursday    Friday

**Kindergarten and Elementary:** Our Kindergarten and Elementary programs are full day programs.

- Kindergarten: 8:00 AM – 4:00 PM
- Elementary (Grades 1<sup>st</sup>-3<sup>rd</sup>): 8:00 AM – 4:00 PM

### Extended Day:

We also offer the following extended day options for all programs:

- Early Morning Drop off: 7:30 - 8:00 AM
- After School Extended Day: 4:00 - 5:00 PM

### Student Information:

Child's full name: \_\_\_\_\_ Gender \_\_\_\_\_

Preferred name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First Language \_\_\_\_\_ Language(s) spoken in home \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Phone: Home \_\_\_\_\_ Phone: Home \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Contact Information (if parent/guardian cannot be reached):**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Person(s) the child may be released to (other than parents):**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**Student Information (Continued):**

Name of Child's Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Any allergies or medical concerns? \_\_\_\_\_

Please describe any special needs or instructions for your child:

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The below signature acknowledges the following:

I give permission for the child listed above to attend Montessori School of Madison and attest that all information is up to date and accurate. I agree to inform Montessori School of Madison in writing if any of the above information changes.

I understand that the Department of Human Resources does not inspect activities away from the childcare facility (home or center). The licensee of the childcare facility assumes full responsibility for such activities.

I give permission for the childcare facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If a parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

I/We have read the parent handbook for The Montessori School of Madison and understand all the information, policies and procedures outlined in the handbook. I/We have also received a copy of these policies and procedures for our own records and references. By signing this agreement, we consent to all the handbook policies and procedures and agree to them, including payment policies and late fee procedures.

A non-refundable fee of \$100.00 must accompany this application form. This fee will not be applied against tuition.

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date \_\_\_\_\_

*MSOM does not discriminate on the basis of race, color, religion, gender, national or ethnic origin, or disability with regard to admissions, or in the administration of its policies or programs.*

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## Photo Release Form

Dear Parents,

As you know, when your children work on lessons or participate in special events, we often have many wonderful photo opportunities. We **LOVE** to share these moments with the parents via email and through our closed school Facebook group. We would like your permission to use photographs/videos taken during class time, field trips, special events, and celebrations to share internally in classrooms, hallways, via email, and as historical record. In any photograph children are **NEVER** identified by name.

The Montessori School of Madison uses photographs of children mainly for in-school communication, but occasionally may use photos to promote the school using our website. Parents reserve the right to request that any photograph not be used for any of the above reasons.

Please sign the permission slip below to indicate your preference for photographs/videos.

### Please Choose One:

\_\_\_\_\_ **YES**, I/We give permission for \_\_\_\_\_'s (Child's full name) image/photograph to be used as described above.

\_\_\_\_\_ **NO**, I/We DO NOT give permission for \_\_\_\_\_'s (Child's full name) image/photograph to be used as described above.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_