

MONTESSORI KINGDOM OF LEARNING L.L.C.

13111 N 94TH Drive Peoria, Arizona 85381-4882

(623) 876-1463 FAX (623) 876-1465

Email: montkingdom@gmail.com

SCHOOL YEAR 2016-2017

Child's Name:		Enrollment Date:	Class or Teacher
Home Address: (#, Street, City, State, Zip Code):		Program:	Date Dis-enrolled:
Phone:		Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Mother or Guardian Name:		Home Address (#, Street, City, State, Zip Code):	
Cell Phone (optional):		Contact Telephone Number:	
Email:			
Father or Guardian Name:		Home Address (#, Street, City, State, Zip Code):	
Cell Phone (optional):		Contact Telephone Number:	
Email:			

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

. Custody papers have been provided and are on file at the facility

Telephone Authorization Code (optional): _____

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Medical Information

Is child allergic to food or other substances? If yes , describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes , list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes , specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes , list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

REGISTRATION PROCEDURE

Submit registration form and non-refundable fee of \$60.00 (1) student, (2) or more students \$100 to MKL

MKL has a non-discriminatory policy to race, color and national origin with respect to the admission of students and employment of faculty and administrative staff. MKL considers the records of all individual students to be confidential information, available to a child’s parent or guardian upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts due are paid in full. MKL shall be held harmless in non-negligent incidents (for example: Happenings that are out of our control because of natural disaster or lack of medical information regarding student).

Parent/Guardian PRINTED Name:

SIGNED Name:

DATE:

Parent/Guardian PRINTED Name:

SIGNED Name:

DATE: