

Galilee Montessori

3928 Pacific Avenue • Virginia Beach, VA • 23451
757-428-1034

**** (COMPLETE ALL CELLS, INCLUDING THOSE THAT ARE "N/A." DO NOT LEAVE ANY CELLS BLANK ****

Child:	Gender:
Address (Street, City, State, and Zip code):	Birth Date:
	Phone Number:

Parents/Guardian

Father:	Place Employed:	
Home Address:		
Phone Numbers (H):	(W):	(C):
Email:		

Mother:	Place Employed:	
Home Address:		
Phone Numbers (H):	(W):	(C):
Email:		

Person(s) or Agency having legal custody of child:	
Business Address:	Business Phone:
Home Address:	Home Phone:

Emergency Information

Two names and addresses of people to contact if parents cannot be reached:	Mobile & Home Phone:
1. Name: Address (Street, City, State, and Zip code):	
2. Name: Address (Street, City, State, and Zip code):	
Person(s) authorized to pick up child:	
Person(s) NOT authorized to pick up child:	
(Appropriate paperwork-such as divorce decree- shall be attached if parent is not allowed to pick up the child)	

Allergies or intolerance to food, medication, etc:	Action to take in an emergency:
Chronic physical problems and pertinent developmental information:	
Child's Physician:	Physician's Phone:

- The parent/guardian gives authorization for the child to participate in Galilee Montessori transportation and field trips (Kindergarten and Elementary students only).
 Yes No
- Galilee Montessori agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.**
- The parent/guardian authorizes Galilee Montessori to obtain immediate medical care if any emergency occurs when they cannot be located immediately.**
- The parent/guardian will notify the school with 24 hrs. of any reportable communicable diseases contracted by their child, or other family members.**
- Other (specify): _____
- Previously attended schools or programs:
 Yes (Name of School/Program) _____
 No
- Additional schools or programs concurrently attending:
 Yes (Name of School/Program) _____
 No
- I authorize Galilee Montessori to print the following information on the classroom roster (please check all that apply):**
 Home Address
 Phone Number (s)
 Email Address

Signatures

Parent or Guardian

Date

Director of Galilee Montessori

Date

Date child entered Galilee Montessori: _____

Date left: _____