

# 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) <b>NOT</b> 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:

1. The parent/guardian gives authorization for the child to participate in Galilee Montessori transportation and field trips (Kindergarten and Elementary students only).  
☐ Yes   ☐ No
2. **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.**
3. **The parent/guardian authorizes Galilee Montessori to obtain immediate medical care if any emergency occurs when they cannot be located immediately.**
4. **The parent/guardian will notify the school with 24 hrs. of any reportable communicable diseases contracted by their child, or other family members.**
5. Other (specify): \_\_\_\_\_
6. Previously attended schools or programs:  
☐ Yes (Name of School/Program) \_\_\_\_\_  
☐ No
7. Additional schools or programs concurrently attending:  
☐ Yes (Name of School/Program) \_\_\_\_\_  
☐ No
8. **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: \_\_\_\_\_

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

Child: Elizabeth Smith	Gender: Female
Address (Street, City, State, and Zip code): 1234 Bridge Lane Virginia Beach, VA 23455	Birth Date: 01-01-15
	Phone Number: (757) 332-2222

## Parents/Guardian

Father: Frank Smith	Place Employed: US Navy
Home Address: 1234 Bridge Lane Virginia Beach, VA 23455	
Phone Numbers (H): N/A	(W): 757-222-5111 (C): 757-213-3544
Email: <a href="mailto:franksmith@yahoo.com">franksmith@yahoo.com</a>	

Mother: Sally Smith	Place Employed: Stay at home mom
Home Address: 1234 Bridge Lane Virginia Beach, VA 23455	
Phone Numbers (H): N/A	(W): N/A (C): 757 332-2222
Email: s.smith123@gmail.com	

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

## Emergency Information

Two names and addresses of people to contact if parents cannot be reached:	Mobile & Home Phone:
1. Name: Mary Thomas Address (Street, City, State, and Zip code): 540 Wolf Street Virginia Beach, VA 23456	(C): 757-223-1455 (H): N/A
2. Name: Michael Smith Address (Street, City, State, and Zip code): 123 Dolphin Ct. Virginia Beach, VA 23452	(C): 757-253-4562 (H): 757-553-4232
Person(s) authorized to pick up child: Mary Thomas, Michael Smith, Jenny Thorn, Kate Gomez	
Person(s) <b>NOT</b> authorized to pick up child: N/A	
(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: <b>N/A</b>	Action to take in an emergency: <b>Call Parents and 911</b>
Chronic physical problems and pertinent developmental information: <b>N/A</b>	
Child's Physician: Dr. Susanna Sands	Physician's Phone: 757-111-2223

- 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): **N/A** \_\_\_\_\_
- 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):**  
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☐ Phone Number (s)  
☒ Email Address

*Signatures*

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Galilee Montessori

\_\_\_\_\_  
Date

Date child entered Galilee Montessori: \_\_\_\_\_

Date left: \_\_\_\_\_