

SALINA MONTESSORI SCHOOL REGISTRATION

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		
Email address	Email address		
Occupation - Place of Business	Occupation - Place of Business		
Other people in the household			

Alternative Emergency Contacts

I give permission for my child to be picked up by the following people in case of a medical concern. I understand that every effort will first be made to reach the primary guardians of my child. .

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

Other Health Information:

TURN OVER →

CANCELLATION POLICY

Parents/guardians who wish to cancel their child's/children's enrollment at Salina Montessori School must do so by written notice to the school at the address listed on the Salina Montessori School Registration Form no later than July 31 of the year your child/children are currently enrolled. If your notice is not received in writing by July 31, you will be charged 1 (one) month's school fees.

By signing this agreement you agree to the Salina Montessori School cancellation policy.

Parent's/Guardian's Signature

Date

Please send this registration form and the Direct Deposit form to the address below. A \$100 non-refundable registration fee will be deducted from your bank account, along with all tuition payments.

Salina Montessori School
1312 McAdams Rd.
Salina, Kansas 67401

OFFICE USE ONLY:

Date Received: _____

Check #: _____