

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

**Child Information****1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

**2<sup>nd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_  
☐ Able to pick up all children in the family  
☐ Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_  
☐ Able to pick up all children in the family  
☐ Not able to pick up the following children: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_ \_  
☐ Able to pick up all children in the family  
☐ Not able to pick up the following children: \_\_\_\_\_

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs:** May we display photos/videos of your child taken at school on our website? ☐ Yes ☐ No

**Thank You!**

Student's name \_\_\_\_\_

### **Enrollment Agreement**

Light & Truth Montessori LLC, has accepted for enrollment, \_\_\_\_\_, and enters into this agreement with the parent or guardian whose signatures appear below. As a monthly participant, you can cancel at any time with no penalties and Light & Truth Montessori can discontinue the enrollment of your child at any time.

\_\_\_\_\_  
Parent or guardian                      date

\_\_\_\_\_  
Administrator                      date

### **Payment Information**

I am financially responsible for this student and agree to all the terms and conditions contained in the Parent Handbook. I understand that monthly tuition payments are due the first school day of each month. I understand that an insufficient fund fee of \$25 dollars will be required for bounced checks.

\_\_\_\_\_  
Parent or guardian                      date

### **Tuition / Payment Information:**

[ ] Five days per week (M-F): \$499 per month

Student's name \_\_\_\_\_

### **Release Form**

Please initial these statements and sign below.

\_\_\_\_\_ I hereby give permission for my child/children (the student/students) to take part in all activities Light & Truth Montessori including physical activity during recess periods and release the school from any and all liability to the Parent or the Student for any loss, damage, or injury sustained by the Student/students as a result of participation in or attendance at Light & Truth Montessori, class, activities, or use of facilities.

\_\_\_\_\_ I understand that the students of Light & Truth Montessori will participate in off-premises, pre-planned trips. Parents will be informed in advance of such trips. I give permission for my child to participate in these trips. I release the school, staff, and any volunteer parent drivers from any and all liability.

\_\_\_\_\_ I have read and understand all the terms and conditions of the Parent Handbook, and agree to follow these procedures.

\_\_\_\_\_

Parent signature

date