

CHILD REGISTRATION AGREEMENT

Child Information

First Name: _____ M.I.: _____ Last Name: _____
Nick Name: _____ Age: _____ DOB: _____ Gender: _____

Parent(s)/Guardian(s) Information

First Name: _____ Last Name: _____ Relation: _____
Mobile #: _____ Home #: _____ Email: _____
Place Employment: _____ Occupation: _____ Business Ph #: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred method of contact? Mobile Phone Business Phone Home Phone Email

First Name: _____ Last Name: _____ Relation: _____
Mobile #: _____ Home #: _____ Email: _____
Place Employment: _____ Occupation: _____ Business Ph #: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred method of contact? Mobile Phone Business Phone Home Phone Email

Emergency Information

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:

Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency:

Child's Physician: _____ Phone: _____

Other Contact Phone Numbers

Two people to contact if parent(s) cannot be reached:

First Name: _____ Last Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

First Name: _____ Last Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____



20890 Pidgeon Hill Dr.
Sterling, VA 20165
Email: contact@mlmontessoristerling.com
Phone: (703)-450-8687

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Authorization to pick up child

Person(s) authorized to pick up child:

Name: _____ Phone: _____ Name: _____ Phone: _____
Name: _____ Phone: _____ Name: _____ Phone: _____

Person(s) NOT authorized to pick up child:*

Name: _____ Phone: _____ Name: _____ Phone: _____
Name: _____ Phone: _____ Name: _____ Phone: _____

***Appropriate paperwork must be attached if parent(s) is (are) Not allowed to pick up child, i.e. custody papers or other court orders.**

States that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Registration Agreements

- 1) Maple Lawn School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the school.
- 2) The parent(s)/guardian(s) authorize Maple Lawn School to obtain immediate medical care if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
- 3) The parent(s)/guardian(s) agree to inform Maple Lawn School within 24 hours or the next business day after the child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.



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- 4) The \$100 registration fee, security deposit (half of the month’s tuition), for children 6 weeks - 5 years and an additional \$100.00 annual supply fee for 2 years-5 years are due at the time of registration. Unless both of these amounts are received, space will not be reserved for your child(ren).
- 5) Notice of withdrawal in writing must be given 30 days prior and the child must be actively enrolled in school, failing which the deposit will be forfeited.

Signatures:

Parent(s) or Guardian(s) Signature: _____ Date: _____

Head of School, Maple Lawn School: _____ Date: _____

Date child entered Maple Lawn School: _____ Date left: _____

****Parent(s)/Guardian(s): If there is an objection to seeking emergency medical care, please attach a statement stating the objection and the reason for the objection.**

CHILD REGISTRATION AGREEMENT

Office Use Only - Identity Verification

Fill out the following for proof of identity of the child.

Place of Birth: _____ Birth Date: _____ Birth Certificate No.: _____
Date Issued: _____ Other Form of Proof: _____
Date Document viewed: _____ Person Viewing Document: _____

Date of Notification of local law enforcement agency if proof of identity is not provided: _____

Proof of child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placement agency, record from public school in Maryland, certification by a principal or designee of a public school in the U.S.A. when a certified copy of the child's birth record was previously presented, or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Maryland and the preschool assumes responsibility for the child directly from the public school or the preschool transfer's responsibility of the child directly to the public school. While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.