



REGISTRATION & EMERGENCY CONTACT INFORMATION

CHILD'S NAME (LAST, FIRST)	DATE OF BIRTH	HOME PHONE	
ADDRESS	CITY	STATE	ZIP
START DATE			

SELECT FROM THE FOLLOWING PROGRAM OPTIONS

Toddler	Pre-school	Kindergarten	Elementary
<input type="checkbox"/> 5 DAY (M-F) <input type="checkbox"/> 3 DAY (M-W-F) <input type="checkbox"/> 2 DAY (T-Th)	<input type="checkbox"/> 5 DAY (M-F) <input type="checkbox"/> 3 DAY (M-W-F) <input type="checkbox"/> 2 DAY (T-Th)	<input type="checkbox"/> 5 DAY (M-F)	<input type="checkbox"/> 5 DAY (M-F)
<input type="checkbox"/> 8:30 a.m. – 12:00 p.m. <input type="checkbox"/> 7:00 a.m. – 6:00 p.m. * (*Includes before & after care)	<input type="checkbox"/> 8:30 a.m. – 12:00 p.m. <input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:00 a.m. – 6:00 p.m. * (*Includes before & after care)	<input type="checkbox"/> 8:30 a.m. – 12:00 p.m. <input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:00 a.m. – 6:00 p.m. * (*Includes before & after care)	<input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:00 a.m. – 6:00 p.m. * (*Includes before & after care)

Call North End Montessori for additional program options. 603.621.9011

EMERGENCY/CONTACT INFORMATION

PARENT(S)/GUARDIAN(S) NAME	PARENT(S)/GUARDIAN(S) NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
PHONE	PHONE
CELL	CELL
E-MAIL	E-MAIL
PREFERRED CONTACT (when child is at school)	PEFERRED CONTACT (when child is at school)



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ADDITIONAL EMERGENCY CONTACT & AUTHORIZED PICK UP

Please list at least 1 person who may assume responsibility of your child in an emergency if the parent(s)/guardian(s) cannot be reached. Use additional sheets if necessary.

_____ NAME	_____ RELATIONSHIP	_____ PHONE
_____ PARENT/GUARDIAN SIGNATURE	_____ DATE	
_____ NAME	_____ RELATIONSHIP	_____ PHONE
_____ PARENT/GUARDIAN SIGNATURE	_____ DATE	