



## ELEMENTARY CLASS REGISTRATION FORM 2008-09 School Year



**Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Nickname** \_\_\_\_\_

(circle) **M** **F**      **Date of Birth** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**SSN** \_\_\_\_\_ **E-mail address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**SSN** \_\_\_\_\_ **E-mail address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Child lives with:**     Both Parents       Mother       Father       Guardian

**Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

The following people are authorized to pick up my child from school at any time. The school will only release my child to those listed here. If my child needs to be picked up by someone not listed below, that person must have written authorization from me before the school will release my child. It is my responsibility to update this list as necessary during the school year. These people may also be contacted if the school is unable to reach me in an emergency.

1. Authorized Person \_\_\_\_\_ Phone \_\_\_\_\_  
 2. Authorized Person \_\_\_\_\_ Phone \_\_\_\_\_  
 3. Authorized Person \_\_\_\_\_ Phone \_\_\_\_\_

**I am enrolling my child in the**  
 \_\_\_ Elementary (Younger)      - 6 through 9 year olds -  
 \_\_\_ Elementary (Older)      - 9 through 12 year olds -  
 -

**I am enrolling my child for**  
 \_\_\_ Before School Care (7:30-8:15) - Which days? \_\_\_\_\_ What hours? \_\_\_\_\_ Occasional Use   
 \_\_\_ After School Care (3:00-5:30) - Which days? \_\_\_\_\_ What hours? \_\_\_\_\_ Occasional Use

**Maternal Grandparents' Names** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Paternal Grandparents' Names** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City, ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**(on back)**  
**Registration Form cont.**

<b>Siblings</b>	Names	Age
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

The following is permission, which will allow your child to “go out” with his or her class in the Silver City area. This may include walks to the park, regular trips for swimming, the library, and natural areas, or a “going out” research trip to local businesses or service agencies. Children will, at all times on any school trip, be properly escorted and supervised. When automobile transportation is necessary, your child will use a seat belt and be driven by a staff member or a parent. This permission slip will cover only trips in and around Silver City and local environs. Further permission will be required for special trips to more distant destinations.

My child, \_\_\_\_\_, has my permission to accompany his/her class on school trips in the Silver City area. I understand that these trips may be made spontaneously, yet will always be well-chaperoned and my child will be required to wear a seat belt when transported in a vehicle.

Yes  No My child may have his/her picture taken as publicity for the school.

Yes  No GMS has my permission to include my address and phone number in the school family roster.

**I understand that enrolling my child in Guadalupe Montessori School means that I agree to follow all policies and procedures of the school, as stated in the GMS Parent Handbook. I understand that to withdraw my child from school requires a 30-day written notification, and that I will be responsible for all tuition, fees and other costs incurred while my child is enrolled at GMS.**

**I have read and understand the Expectations of Parents, Financial Policies and School Operations Support policies.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**PLEASE NOTE: A NON-REFUNDABLE REGISTRATION FEE OF \$175 MUST ACCOMPANY THIS FORM.**

**For Office Use**

Date Received \_\_\_\_\_ Registration Fee Paid \_\_\_\_\_

Enrolled in \_\_\_\_\_