

**THE MONTESSORI SCHOOL OF HOLMES RUN**

Upper School, 3527 Gallows Road, Falls Church, VA 22042 703-573-4652  
 Children's House, 3335 Annandale Road, Falls Church, VA 22042 703-573-7599

Child's Name	Nickname	Sex	Date of Birth
Complete Address, including zip code		Home Phone	
Previous Child Care Programs and Schools attended			
Special Needs/Pertinent Physical or Developmental Information			Child care _____
Other Program this child currently attends			Extended Day _____

**PARENTS/GUARDIAN**

Father's Name	Place Employed	Business Phone
		Cell Phone or Beeper
Home Address		Home Phone
		Email
Mother's Name	Place Employed	Business Phone
		Cell Phone or Beeper
Home Address		Home Phone
		Email
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Name of Insured/Policy Number		Insurance Company
Child's Physician		Phone
<b>EMERGENCY CONTACTS MAY NOT BE AT SAME ADDRESS</b> 1. Emergency Contact Name other than parent	Address (Street, City, Zip)	Phone
<b>EMERGENCY CONTACTS MAY NOT BE AT SAME ADDRESS</b> 2. Emergency Contact Name other than parent	Address (Street, City, Zip)	Phone
Person(s) Authorized to Pick Up Child		
Person(s) NOT Authorized to Pick Up Child*		

\*Appropriate paperwork such as custody papers shall be attached if a non-custodial parent is not allowed to pick up the child.

**OFFICE USE ONLY - IDENTITY VERIFICATION FOR NEW CHILDREN ONLY**

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Verified by	Date Verified
Start Date		End Date	

## AGREEMENTS

1. The Montessori School of Holmes Run agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
  
2. The parent/guardian authorizes The Montessori School of Holmes Run to obtain immediate medical care if any emergency occurs when he cannot be located immediately.\*
  
3. The parent/guardian agrees to notify the school within 24 hours if a person in the household has a contagious disease in order that the school can notify all families.
  
4. The parent/guardian authorizes \_\_\_\_\_ to participate in school-sponsored field trips and agrees on these occasions to provide a child safety seat or booster that meets state requirements. The parent/guardian understands that if she or he is not driving, the child will be a passenger in a car driven by another parent or on the school bus.

## SIGNATURES

Parent or Guardian	Date
Parent or Guardian	Date
Administrator	Date

\*If there is an objection to seeking emergency medical care, a written statement must be provided by the parent/guardian stating the objection and the reason for the objection.

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**Forms to be returned to school:**

1. Medical form
2. Registration form (Bring birth certificate or passport as proof of identity)
3. Birthday celebration form (CH only)

**New Families Only**

4. Photo permission form
5. Family/developmental history form (CH only)
6. Family cultural information form (CH only)
7. Sunscreen/Insect Repellent Authorization

**Parents should receive from school:**

1. MSHR Parent Information Handbook
2. Current year calendar
3. List of MSHR families
4. Parents' Guide to the Montessori Classroom (new families – CH only)