



Kidsland Montessori Inc.
Registration Form

Child's Name: _____

Gender: M / F Date of Birth _____ Age _____ Home Phone _____

Home Address: _____

Mother/Guardian Name _____

Phone: Home _____ Work _____ Cellular _____

Place employment: _____ Email: _____

Father/Guardian Name _____

Phone: Home _____ Work _____ Cellular _____

Place employment: _____ Email: _____

Parents status: Married ____ Single ____ Divorced ____ Separated ____ Child lives with _____

Any know allergies: Yes / No If yes please explain _____

Proposed start date? _____

Desired Program: Kindergarten ____ Preschool ____ Infant / Toddlers ____

Mother/Guardian Signature

Today's Date

Father/Guardian Signature

Today's Date

PARTICIPATION WAIVER:

As with any activity, I understand there may be a risk of minor injury or harm. I agree to be responsible for any medical expenses incurred by my child(ren) while participating in sessions. I agree to hold the staff and volunteers of Kidsland Montessori Inc. and their clients, harmless from, and indemnify them for, any damage or loss arising as a result of my child (ren)'s participation in activities.

Mother / Guardian Signature _____ Date: _____

Father / Guardian Signature _____ Date: _____