Montessori in Motion

7323 - 27th Street W, University Place, WA 98466
www.montessoriinmotion.org

2026-2027 REGISTRATION FORM

CHILD	LAST NAME	FIRST NAME & MIDDLE INITIAL	NICK NAME	SEX	AGE	BIRTH DATE

Child's Home Address	STREET - CITY - STATE - ZIP CODE	HOME PHONE

ADDRESS	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
	FILL IN HOME ADDRESS AND HOME PHONE NUMBER IF DIFFERENT FROM CHILD'S SHOWN ABOVE.	
Relationship to Child		
Name		
Home Address		
Home Phone		
Cell Phone		
E-Mail Address		
Employer		
Work Phone(s)		

With whom does child live? ☐ Both Parents/Guardians ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Other

Please indicate if your physical and email address and/or phone numbers may be included in class lists distributed to parents. ☐ Yes ☐ No

PERSONS AUTHORIZED TO TAKE CHILD FROM THE SCHOOL: Check box at right to indicate person(s) we may contact in an emergency. Space available on reverse for additional names.

NOTE: Written notification by parent or guardian ***MUST*** be given in case someone other than persons listed below will be picking up child. Forms for this purpose are available at sign-in/out station. *(MORE SPACES ON BACK IF NEEDED)*

					Check if also Emergency Contact
Name:				Home Phone:	
Address:				Work Phone:	
Relationship to Child:		City:		Cell Phone:	
Name:				Home Phone:	
Address:				Work Phone:	
Relationship to Child:		City:		Cell Phone:	
Name:				Home Phone:	
Address:				Work Phone:	
Relationship to Child:		City:		Cell Phone:	

Child's Doctor's Name		Child's Dentist's Name	
Doctor's Address		Dentist's Address	
City - State - Zip		City - State - Zip	
Phone		Phone	

Date of last physical: Date of last doctor's visit:

I authorize ***Montessori in Motion*** to provide instruction and care for my child. I certify that the information provided in this registration form is correct to the best of my knowledge.

Date _____ Signature of Parent or Guardian _____

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(Continued on reverse)

PERSONS AUTHORIZED TO TAKE CHILD FROM THE SCHOOL: Check box at right to indicate person(s) we may contact in an emergency.					**Check if also Emergency Contact**
Name:				**Home Phone:**	
Address:				**Work Phone:**	
Relationship to Child:		**City:**		**Cell Phone:**	
Name:				**Home Phone:**	
Address:				**Work Phone:**	
Relationship to Child:		**City:**		**Cell Phone:**	