



ARBORLAND MONTESSORI INFANT - 8TH GRADE PRIVATE SCHOOLS

1700 W. Valencia Drive, Fullerton, CA 92833 2121 Hughes Drive, Fullerton, CA 92833
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IDENTIFICATION AND EMERGENCY INFORMATION

EMERGENCY INFORMATION:

Child's Name: _____ Sex ___ Age ___ Birthday ___/___/___
Child's Name: _____ Sex ___ Age ___ Birthday ___/___/___
Child's Name: _____ Sex ___ Age ___ Birthday ___/___/___
Home Address: _____ City _____ Zip _____
Father's Name: _____ Occupation _____
Business Address _____ Phone _____
Mother's Name: _____ Occupation _____
Business Address _____ Phone _____
Mother's Maiden Name: _____ Home Phone _____
Number of Children in family: Boys _____ Girls _____ Ages: _____
Parents' marital status: Married _____ Separated _____ Divorced _____ Widow _____
Person(s) legally responsible for child(ren): _____

PERSON AUTHORIZED TO TAKE CHILD(REN) FROM THE FACILITY: (Children will not be allowed to leave with any other person without written authorization from the responsible parent or guardian.) Those listed below must be able to identify themselves.

Name _____ Relationship _____
Home Phone _____ Driver's License# _____
Name _____ Relationship _____
Home Phone _____ Driver's License# _____
Name _____ Relationship _____
Home Phone _____ Driver's License# _____

ADDITIONAL PERSONS TO CALL IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCY.

Name _____ Relationship _____
Home Phone _____ Driver's License# _____

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY:

Physician _____ Phone No. _____
Address _____ City _____ Zip _____
Medical Insurance Carrier _____ Policy # _____
Dentist _____ Phone No. _____
Address _____ City _____ Zip _____
Dental Insurance Carrier _____ Policy # _____

MEDICAL RELEASE: I hereby give my consent to Arborland Montessori Children's Academy to Administer first aid; authorize a medical doctor to examine or treat the above listed child(ren) while he/she is in attendance at Arborland Montessori Children's Academy and on school-related off-campus activities. I agree to accept the financial responsibilities for any costs incurred in the treatment of any injury, or accident of the above-named child(ren).

Parent Signature _____ Date _____

***** (to be completed by Director/Administrator)*****

ADMISSION DATE _____ DATE RELEASED _____