

Waiting List Registration Form

Skaneateles Montessori Preschool

97 E Genesee St. Skaneateles, NY 13152

Phone: (315) 720-8109

Email: sknmps@gmail.com

Director: Meghan W. Donahue

Child's Name: _____ Child's Date of

Birth _____ Gender: Male / Female

Start Date: _____ Session: AM () PM () Days: __M __Tu__W__Th__ F

Child's Address: _____

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Parent or Guardian name (s):

_____ Email Address (s):

List telephone numbers where parents may be reached while the child is at Skaneateles Montessori Preschool:

Mother: _____ Father: _____

Guardian: _____

Other: _____

Name and phone number of person to be called in case of an emergency: _____

I hereby authorize Skaneateles Montessori Preschool for my child to leave only with the following persons:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

List any special information about your child such as: allergies, existing illness, previous illness, injuries during the past twelve months, any current medication or prescriptions for long term continuous use, and any other information that the staff should be aware of:

Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facilities director or person in charge to take my child to:

Physician: _____ Telephone: _____

Address: _____ Or to

(Name of Hospital): _____ Telephone: _____

Address: _____

I give my consent for the necessary emergency treatment when my child is in care at this physician and/hospital/clinic.

I understand that Skaneateles Montessori Preschool does not provide any accident or medical insurance for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.

I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Skaneateles Montessori Preschool, and its members and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Skaneateles Montessori Preschool.

Signature (Parent or Legal Guardian): _____

Date: _____