



REGISTRATION & EMERGENCY CONTACT INFORMATION

CHILD'S NAME (LAST, FIRST)	DATE OF BIRTH	HOME PHONE	
ADDRESS	CITY	STATE	ZIP
START DATE			

SELECT FROM THE FOLLOWING PROGRAM OPTIONS

Elementary/Kindergarten Five Day	Preschool Five Day	Preschool Three Day	Preschool Two Day
<input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:30 a.m. – 5:30 p.m. Monday-Friday	<input type="checkbox"/> 8:30 a.m. – 3:30 p.m. <input type="checkbox"/> 7:30 a.m. – 5:30 p.m. Monday-Friday	<input type="checkbox"/> 8:30 a.m. – 11:30 a.m. <input type="checkbox"/> 7:30 a.m. – 5:30 p.m. Monday/Wednesday/Friday	<input type="checkbox"/> 8:30 a.m. – 11:30 a.m. <input type="checkbox"/> 7:30 a.m. – 5:30 p.m. Tuesday/Thursday

**Contact Meeting House Montessori School for additional program options.
603.224.0004**

PARENT(S)/GUARDIAN(S) NAME	PARENT(S)/GUARDIAN(S) NAME
ADDRESS	ADDRESS
CITY	CITY
STATE	STATE
ZIP	ZIP
PHONE	PHONE
CELL	CELL
E-MAIL	E-MAIL
PREFERRED CONTACT (when child is at school)	PEFERRED CONTACT (when child is at school)

