



**My Friends' Montessori Preschool Coop
Emergency/Wavier**

Application and Emergency Information

Child's Name (Last, First, Middle) Sex Birth Date Age

Address City State Zip

Mother's Name: _____ Home Phone: _____
 _____ Work Phone: _____
 _____ Cell Phone: _____
 _____ Email Address: _____

Mother's Birthday: _____
 Call after _____ a.m. and before _____ p.m. Best time to call is: _____

Special Talents/Hobbies/Skills: _____

Current or past occupation: _____

Father's Name: _____ Work Phone: _____
 _____ Cell Phone: _____
 _____ Email Address: _____

Father's Birthday: _____

Special Talents/Hobbies/Skills: _____

Current or past occupation: _____

Other Siblings Sex, Ages and Birthdates

Allergies to medicines or foods: _____

Special Needs/Preferences/Fears/Sensitivities: _____

Other Mommy and Me or Preschool experiences: _____

My Child's favorite activities are: _____

What I want my child to learn this year is... My expectations are...

Persons Who May be Called in Emergency

Wavier

As a parent, agency representative or legal guardian, I hold harmless Bonnie Wacker and/or My Friends' Montessori Preschool Coop for any and all damages, injuries or losses that may be sustained by _____ while in the care of or while taking classes at My Friends' Montessori Preschool Coop. I realize I am responsible for my own and my child's safety while taking classes or on field trips and that I am responsible for my child's supervision. I will provide my own transportation to field trips. I have read the policy statement.

Date

Parent, agency representative or legal guardian signature