



MOUNT LEBANON  
**Montessori**  
SCHOOL AND ACADEMY

Please verify the information below. Then return to the office with your first tuition payment.

Name:  
DOB:  
Parents:

Address:  
City, State Zip:

Primary Email (School Messenger):  
Second Email (School Messenger):

Primary Phone  
School Messenger Primary Phone:  
Directory Number  
Second Number School Messenger:  
Mom Cell:  
Mom Work:  
Dad Cell:  
Dad Work:

Medical Condition / Allergies

Medication / Treatment

Other Pertinent Information

In the event of illness or injury school personnel will attempt to contact parents first using the information above. In the event that we cannot contact either parent, please list three LOCAL RESIDENTS who have consent to be able to transport and care for your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

If this child has any special health problems please list above.

Signature \_\_\_\_\_ Date \_\_\_\_\_