

MONTESSORI SCHOOL OF DOUGLAS COUNTY, INC.



**P.O. BOX 272
Douglasville, Georgia 30134
770-949-3115
EMERGENCY CONTACT FORM**

DATE: ___/___/___

CHILD'S NAME: _____ BIRTH DATE: ___/___/___

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____ HOME PHONE NUMBER _____

MOTHER'S NAME: _____ PHONE NUMBER: _____

ADDRESS (If different from child's): _____

MOTHER'S WORKPLACE: _____ PHONE NUMBER: _____

WORK ADDRESS: _____ CELL PHONE: _____

FATHER'S NAME: _____ PHONE NUMBER: _____

ADDRESS (If different from child's): _____

FATHER'S WORKPLACE: _____ PHONE NUMBER: _____

WORK ADDRESS: _____ CELL PHONE: _____

PHYSICIAN'S NAME: _____ PHONE NUMBER: _____

PHYSICIAN'S ADDRESS: _____

ALLERGIES: _____

MEDICAL HISTORY: _____

PERSON(S) OTHER THAN PARENT THAT CHILD CAN BE RELEASED TO:

1) NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

1) NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

1) NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

1) NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

Email _____

SCHOOL USAGE ONLY: Program Schedule: (HALF DAY) (9AM-3PM) (FULL DAY)

CLASS PLACEMENT: _____