



Litchfield Montessori School

5 Knife Shop Road
Northfield, CT 06778

Registration Form 2024 – 2025 School Year

Student Information			
Student's Name:		Nickname:	
Street Address:		Age:	
City/State/Zip:		Date of Birth:	
Class/Program:		LMS #:	

Parent Information			
Parent/Guardian Name:		Parent/Guardian Name:	
Home Address (if different)		Home Address (if different)	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
E-Mail Address:		E-Mail Address:	
Employer		Employer	
Work Address:		Work Address:	
Work Phone:		Work Phone:	

Medical Information			
Physician's Name:		Group Number:	
Physician' Phone:		Policy Number:	
Heath Insurance Provider		Policy Holder:	
Allergies & Other Medical Conditions:			
Treatment of Condition:			

Emergency Contact Information (People who we can call if you cannot be reached in case of emergency)			
Name:		Name:	
Relationship:		Relationship:	
Work Phone		Work Phone	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	

Emergency Policy and Release

The school agrees to notify the parent/guardian if the student becomes ill, and the parent/guardian agrees to pick up the student as soon as possible. The parent/guardian agrees to inform the school immediately if the child or any member of the immediate household has developed a communicable disease or lice. If the child must take medication at school, the parent/guardian agrees to complete the Authorization to Administer Medication Form and deliver the medication to the school in its original packaging. The parent/guardian authorizes the school to obtain immediate medical care in the case an emergency occurs when he or she cannot be located immediately. In a medical emergency your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM.

Emergency Policy and Release Comments:

Parent or Legal Guardian Initials: _____

Parent or Guardian Release

I understand that Litchfield Montessori School's outdoor activities occur in diverse terrain. I authorize my child to participate fully in all of Litchfield Montessori School's activities. I understand that Litchfield Montessori School cannot safeguard against all such injuries, and I expressly agree to such risk and waive, release, save, and hold harmless Litchfield Montessori School, its officers, agents, employees, and federal, state, or local agencies which have jurisdiction over lands or properties upon which The Litchfield Montessori School operates, from any claim of liability, settlement, judgment, award or cost of defense and attorney's fees, including negligence, except gross neglect, by Litchfield Montessori School for any loss, damage, or injury incurred during the program(s) in which my child participates. I attest that my child has been fully informed of the program activities and agrees to participate. I agree fully to disclose all physical, mental, and emotional conditions that could impact the safety or success of the program. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Litchfield County, CT and shall be construed in accordance with the laws of Connecticut.

Parent/Guardian Release Comments:

Parent or Legal Guardian Initials: _____

Electronic Representation/ Photo Release

Photos within our LMS community: I understand that during the course of school activities, photographs, video, electronic representation, and/or sound recordings may be taken of students, siblings, parents, other family members and visitors to Litchfield Montessori school, including my child/children. I hereby assign and grant to Litchfield Montessori the right and permission to *share* the photographs, video, digital, and/or sound recording made during my child's or my family's participation in Litchfield Montessori activities, with members of the Litchfield Montessori School Community, and I hereby release Litchfield Montessori, and its representatives from any and all liability from such use and publication.

Photos outside our LMS community: I further authorize reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film, video, and/or sound recordings without limitation at the discretion of Litchfield Montessori School, and I specifically waive any right to compensation I, my child, or my family may have for any of the foregoing. I understand the names of the people, including my child, may also be included to identify persons in the photographs, video, or digital representations, and/or sound recordings. I further understand and acknowledge that said photographs, film, videotape, electronic representations, and/or sound recordings may be displayed on bulletin boards, local television, newspaper, website, school fundraising activities, programs or special events, and school publications.

Photo Release Comments:

LMS may share photos of my child *within* our LMS community: yes no
LMS may share photos of my child *outside* our LMS community: yes no

Permission to Travel with Volunteer Drivers

I hereby give permission for my **Elementary** child to accompany their class on field trips away from the school. I understand that adults will supervise all such trips and that my child will be transported in a private vehicle that will be driven by either a staff member, a parent volunteer, or bus. All volunteer drivers sign the Volunteer Driver Agreement, in which they assume responsibility for specific license, insurance, and vehicle requirements and in which they assume responsibility and liability for any incident that occurs while transporting students off school property.

Volunteer Driver Release Comments:

Parent or Legal Guardian Initials: _____

Litchfield Montessori School is affiliated with AMI (Association Montessori Internationale) and accredited by CAIS (Connecticut Association of Independent Schools)