



Litchfield Montessori School

5 Knife Shop Road
Northfield, CT 06778



Registration Form 2023 – 2024 School Year

Student Information			
Student's Name:		Nickname:	
Street Address:		Age:	
City/State/Zip:		Date of Birth:	
Class/Program:		Mornings/Full Day	

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:			

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.

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 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) which my child is participating in. 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 or Legal Guardian Initials _____

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 use and publish the photographs, video, digital and/or sound recording made during my child's or my family's participation in Litchfield Montessori activities, and I hereby release Litchfield Montessori, and its representatives from any and all liability from such use and publication. 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 the names of the persons, 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.

Parent or Legal Guardian Initials _____

I hereby give do not give permission for my 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 travel by bus or private car.

Parent or Legal Guardian Initials _____

I/We acknowledge that we have received and read the Litchfield Montessori Parent Handbook and agree to comply with all of the procedures and policies as outline in the Handbook and will address questions to the appropriate faculty or administrator.

Parent or Legal Guardian Initials _____

Parent/Guardian Signature

Parent/Guardian 1 Signature: _____

Date: _____

Parent/Guardian 2 Signature: _____

Date: _____

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