

Lake Oswego Montessori School

17823 SW Central Ave, Lake Oswego, OR 97035 503-636-8021

Student Enrollment and Family/Medical Information

Child's Name _____ Gender _____ Birthdate _____ Age _____

Address _____ City _____ Zip _____ Home Phone _____

Father's Name _____ Address _____

SSN _____ Employer _____ Work Phone _____ Cell/Pager _____

Mother's Name _____ Address _____

SSN _____ Employer _____ Work Phone _____ Cell/Pager _____

Custodial Parent/Guardian Information _____

People Authorized to pick up my child(ren) _____

Alternates/Relatives in the event parents are not available in an emergency

Name _____ Work Phone _____ Home Phone _____

Name _____ Work Phone _____ Home Phone _____

Child's Doctor _____ Phone _____ Address _____

Child's Dentist _____ Phone _____ Address _____

Child's Insurance _____ Group# _____ Member# _____

Current Medications _____ Last Tetanus Shot _____

Chronic Illnesses _____

Food/other allergies _____

Other Pertinent Information _____

I/we hereby authorize Lake Oswego Montessori School to give consent to call an ambulance to take my child to Meridian Park Hospital and for all medical and/or surgical treatment that may be required for our child/children during our absence for one year starting as of _____ date.

For non emergency treatment our preferred hospital is _____

Teacher	Days/Times	Start Date
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Parent/Guardian Signature _____ DATE _____

Parent/Guardian Signature _____ DATE _____

Lake Oswego Montessori School is an Equal Opportunity Educational Facility