

Kid's Town Montessori School
60867 Sycamore Ave
Vista, CA 92081

Phone: 760-598-5437 Fax: 760-598-5438

Enrollment Form

Start Date: _____

Child's Name: _____ Nickname: _____ Birthday: _____ Sex: M__ F__

Child's Address: _____ City: _____ Zip: _____

Mother's Name: _____ D/L # _____

Home Address: _____ Phone # _____ Email: _____

Business: _____ City: _____ Zip: _____ Phone # _____

Father's Name: _____ D/L # _____

Home Address: _____ Phone # _____ Email: _____

Business: _____ City: _____ Zip: _____ Phone # _____

If parents are separated, who has custody? _____

Emergency Numbers

Persons to be called in an emergency, if parents are unavailable:

Name: _____ Phone# _____

Address: _____

Name: _____ Phone# _____

Address: _____

Release of Child

I hereby authorize that my child be released by this facility only to the following named person(s):

(1) Name _____ D/L # _____ Phone# _____

(2) Name _____ D/L# _____ Phone# _____

(3) Name _____ D/L# _____ Phone# _____

(4) Name _____ D/L# _____ Phone# _____

