



Richmond Montessori School

Extracurricular Registration Form

Please Print

Child's Name: _____

Program in which they are enrolled:

Address: _____

Child's Age: ____ Birth Date: _____ Teacher: _____ Level: ____

Please list allergies, health issues, restrictions: _____

I understand that my child's epi pen and/or medication will not be available in the extracurricular program. *Initial here:* _____

At Program Start Time, my child is assigned to:

South carpool North Carpool OR Coming with Parent Program

End Time Instructions:

Parent/other pick up Early childhood extended day Carousel/Hub

Parent Name(s): _____

Parent Contact Numbers: _____

Email: _____

Emergency contact name: _____

Emergency contact number: _____

- I understand that the extracurricular providers are not a part of or affiliated with RMS with the exception of RMS staff and parent-run programs.
- I give permission for RMS to release my child into their care if applicable. If my child is in the extended day licensed program, I release my child to the extracurricular instructor.
- I give permission for my child to be treated for minor illness or injury. I understand that the extracurricular provider may not have had CPR, First Aid, or Epi pen training.

PARENT SIGNATURE: _____

Registration is only valid with payment...Return registration to Shanthi Wickramasinghe