



Richmond Montessori School

# Extracurricular Registration Form

Please Print

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ Level: \_\_\_\_\_

Please list allergies, health issues, restrictions: \_\_\_\_\_

*My child has a severe life threatening allergy and must have an epi pen or  
other medication on hand:      Yes                      No*

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 give permission for my child to be treated for minor illness or injury. I understand that the  
extracurricular staff may **not** have had CPR, First Aid, or Medication/Epi Pen training.  
If my child is participating in the extended day program, I release my child to the after school  
instructor.*

PARENT SIGNATURE: \_\_\_\_\_

## REGISTRATION SECTION

Program	Day/Time	Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**ALL FEES PAYABLE TO "RMS"**

**TOTAL FEES:** \_\_\_\_\_

*Only ONE FORM and ONE CHECK needed per child for Multiple Activities*

Registration is only valid with payment...Return registration to Darlene Marschak