

Parent/Guardian Information

Father's Name _____	Mother's Name _____
Preferred Name _____	Preferred Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Employer _____	Employer _____
Occupation/Title _____	Occupation/Title _____
Phone: Home _____	Phone: Home _____
Cell _____	Cell _____
Work _____	Work _____
Email _____	Email _____

Student Information *Circle the chosen program and indicate which days/times needed if applicable:*

Name _____

DOB: _____

Male: Female:

Name _____

DOB: _____

Male: Female:

Name _____

DOB: _____

Male: Female:

Parent Infant Community

1 day	Wed.	
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Parent Infant Community

1 day	Wed.	
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Parent Infant Community

1 day	Wed.	
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Young Child Community

5 Morning	8:30-11:45	
4 School Day 8:30-3:20	M-TH	T-F
5 School Day 8:30-3:20		

Young Child Community

5 Morning	8:30-11:45	
4 School Day 8:30-3:20	M-TH	T-F
5 School Day 8:30-3:20		

Young Child Community

5 Morning	8:30-11:45	
4 School Day 8:30-3:20	M-TH	T-F
5 School Day 8:30-3:20		

Children's House Community

3-4 Year Olds	8:30-11:45	
3-4 Year Olds	8:30-3:20	
5-6 Year Olds	8:30-3:20	

Children's House Community

3-4 Year Olds	8:30-11:45	
3-4 Year Olds	8:30-3:20	
5-6 Year Olds	8:30-3:20	

Children's House Community

3-4 Year Olds	8:30-11:45	
3-4 Year Olds	8:30-3:20	
5-6 Year Olds	8:30-3:20	

Elementary Community

Early Elementary	8:30-3:20	
Upper Elementary	8:30-3:20	

Elementary Community

Early Elementary	8:30-3:20	
Upper Elementary	8:30-3:20	

Elementary Community

Early Elementary	8:30-3:20	
Upper Elementary	8:30-3:20	

Middle School Community

Day Student	Boarder	
	5 Day	7 Day

Middle School Community

Day Student	Boarder	
	5 Day	7 Day

Middle School Community

Day Student	Boarder	
	5 Day	7 Day

Upper School Community

Day Student	Boarder	Boarder
	5 Day	7 Day

Upper School Community

Day Student	Boarder	Boarder
	5 Day	7 Day

Upper School Community

Day Student	Boarder	Boarder
	5 Day	7 Day

Siblings Not at Hershey

Name

Grade

Name

Grade

If parents are separated or divorced, please complete the following items:

Legal Guardian: _____

With whom does child live? _____

Whom should we contact concerning tuition payment? _____

To whom should mailings be sent? _____

ADDITIONAL TERMS *Please initial each box to which you agree and sign below.*

As legal guardians of aforementioned Hershey students, I/we give consent to have my/our child/ren's photo or video image used for public relations/marketing purposes/educational media by Hershey Montessori School. I/we understand that neither the name of the child nor the home address will appear on any public relations or marketing materials outside of the weekly *Happenings* without prior consent.

I/we give permission to be included in the Hershey Montessori School Roster. Included in the directory is a listing of each family, including each parent's first and last name, phone number, address, email address and child's name and birth date. ***Please notify school of changes of address, phone, etc.***

I/we understand that if we choose to volunteer to work with children at Hershey Montessori School I/we will be required to have a background check.

The undersigned, having read this Family Information Form, concurs that the information provided is accurate and true as of the date signed.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date