HERSHEY MONTESSORI SCHOOL

FAMILY INFORMATION
School Year 20 ____ - 20 ____

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HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046 • PHONE: 440.636.6290 • FAX: 440.636.5665 •
EMAIL: RDILL@HERSHEY-MONTESSORI.ORG

PARENTS

FATHER		MOTHER	
Legal Name:		**Legal Name:**	
Preferred Name:		**Preferred Name:**	
Street:		Street:	
City: State: Zip:		City: State: Zip:	
Home Phone:		Home Phone:	
Occupation:		Occupation:	
Employer:		Employer:	
Street:		Street:	
City: State: Zip:		City: State: Zip:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email: **Skype Name:**	**Is this email preferred for roster listing? Yes: _____ No: _____**	**Email:** **Skype Name:**	**Is this email preferred for roster listing? Yes: _____ No: _____**

CHILDREN ENROLLED AT HERSHEY

NEW! Family Skype name:

Name: _____ Birth Date: _____ /_____ /_____ Male: ____ Female: ____

Place "X" by Community: Parent-Infant: _____ 3 Full-Day YCC: ____ 4 Full-Day YCC: ____ 5 Full-Day YCC: ____ 5 Morning YCC: ____

4 Morning YCC: ____ Primary (2½ - 4): ____ Extended Day (5-6): ____ Early Elementary: ____ Upper Elementary: ____ Adolescent: ____

If enrolled in Adolescent Community, Child's Email: _____ *Cell/Mobile:* _____

Name: _____ Birth Date: _____ /_____ /_____ Male: ____ Female: ____

Place "X" by Community: Parent-Infant: _____ 3 Full-Day YCC: ____ 4 Full-Day YCC: ____ 5 Full-Day YCC: ____ 5 Morning YCC: ____

4 Morning YCC: ____ Primary (2½ - 4): ____ Extended Day (5-6): ____ Early Elementary: ____ Upper Elementary: ____ Adolescent: ____

If enrolled in Adolescent Community, Child's Email: _____ *Cell/Mobile:* _____

Name: _____ Birth Date: _____ /_____ /_____ Male: ____ Female: ____

Place "X" by Community: Parent-Infant: _____ 3 Full-Day YCC: ____ 4 Full-Day YCC: ____ 5 Full-Day YCC: ____ 5 Morning YCC: ____

4 Morning YCC: ____ Primary (2½ - 4): ____ Extended Day (5-6): ____ Early Elementary: ____ Upper Elementary: ____ Adolescent: ____

If enrolled in Adolescent Community, Child's Email: _____ *Cell/Mobile:* _____

Name: _____ Birth Date: _____ /_____ /_____ Male: ____ Female: ____

Place "X" by Community: Parent-Infant: _____ 3 Full-Day YCC: ____ 4 Full-Day YCC: ____ 5 Full-Day YCC: ____ 5 Morning YCC: ____

4 Morning YCC: ____ Primary (2½ - 4): ____ Extended Day (5-6): ____ Early Elementary: ____ Upper Elementary: ____ Adolescent: ____

If enrolled in Adolescent Community, Child's Email: _____ *Cell/Mobile:* _____

SIBLINGS NOT AT HERSHEY

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

BE CERTAIN TO SIGN PAGE 2!

If parents are separated or divorced, please answer the following:

Legal Guardian: _____ With whom does child live?

_____

Whom should we contact concerning tuition payment?

_____

To whom should mailings be sent ?

_____

ADDITIONAL TERMS

1. 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, including our Hershey web page. 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.
2. 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.***
3. I/we understand that if we choose to volunteer in any form 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_____ Date_____

Father/Guardian_____ Date_____