



THE WESTMONT MONTESSORI SCHOOL
577 Route 24, Mendham, NJ 07945
908-879-6355 ~ Fax: 908-879-8127

This information is required by State Law and **MUST** be filled out completely.

ALUMNI VISIT REGISTRATION

Visitor's Name: _____ **Date of Birth:** _____

ENROLLED FAMILY ALUMNI FAMILY

Date of Visit: _____ (DD/MM/YYYY) **Time of Visit: From:** _____ **to** _____
(Time) (Time)

With whom/what class is the visit: _____

Parent/Guardian Name: _____

During visit, I can be reached at: _____ OR _____

Medical Emergency Contact name by order of preference (not including parents/guardians):

	<u>Name</u>	<u>Home Number</u>	<u>Cell Number</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Allergies: _____

(If epi-pen required, please supply Westmont an epi-pen with child's name, Rx, and a note from parent giving permission to administer.)

Date of last Tetanus Immunization: _____

Physician's Name: _____ **Phone:** _____

Health Insurance Information

Insurance Provider: _____ Policy #: _____

Name on Policy: _____ Policy Holder DOB: _____

I, the undersigned, do hereby authorize The Westmont Montessori School, to whom we have entrusted the care of the above minor, consent to any necessary emergency medical or surgical treatment, anesthesia, or any required diagnostics tests, in the event that I cannot be contacted. **Do not hesitate to administer medication and/or call 911 when parent/guardian or emergency contacts, cannot be reached.**

Photographs – Throughout the year, parents, teachers, and staff document school activities and events with photographs or videos. Occasionally, Westmont will use these photographs/videos in brochures, journals, webpages, press releases, and other online/digital marketing materials. No personal information about a student will be shared. Parents must notify the Director of Admissions in writing if they do not want their child's photo to be included in any of the aforementioned.

Parent/Guardian Signature: _____ **Date:** _____