



## GENESIS MONTESSORI GIFTED ACADEMY STUDENT INFORMATION FORM

6801 W. Commercial Blvd. Tamarac, FL 33319

Email: Info@genesismga.com/Tel: 954.859.6014

Pupil's Name:

\_\_\_\_\_

Last	First	M.	Nickname
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D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Part-time  Full-time

Days of the Week in Care: M T W Th F Sa Su

**Check the box (es) of your preference.**

### Family Information:

Child Lives With \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: Mother Father Both Other (specify): \_\_\_\_\_

Email \_\_\_\_\_ Can I text you? Yes  No

**Medical Information:** I hereby grant Genesis Montessori Gifted Academy full permission to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_



Please list allergies, special medical dietary needs, or other areas of concerns:

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Emergency Care Plan Instructions (if applicable):

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**Emergency Contacts:** Child will be released only to the custodial parent or legal guardian and the persons listed below. The following individuals will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

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Name.	Address	Work Phone	Home Phone
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Name	Address	Work Phone	Home Phone
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By signing this form, you are indicating that the information on this enrollment form is complete and accurate. I,

\_\_\_\_\_ hereby grant the staff at Genesis Montessori Gifted Academy to have access of my child's record.

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Signature Parent/Guardian

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Date