



# Keystone Montessori Preschool Whittier

7056 Washington Ave Whittier CA 90602

Tel: 562.325.5611 /562.303.7273 www.keystonemontessoripreschool.com

## TRANSPORTATION FORM

This information is to be kept on the Keystone Montessori Integrated Arts After -school van at all times.

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

Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Work \_\_\_\_\_

Attach a recent photo  
of your child here.

Emergency Contact Name \_\_\_\_\_ Number \_\_\_\_\_

### PUBLIC SCHOOL INFORMATION

Name of School \_\_\_\_\_

School Dismissal Time \_\_\_\_\_ Wednesday Dismissal Time \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

First Day of School \_\_\_\_\_ Last Day of School \_\_\_\_\_

### MEDICAL RELEASE

In the event that my child sustains an injury while on the Keystone Integrated Arts After-School van, I hereby give my consent to Keystone Montessori Private School to obtain all emergency medical care prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child listed above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_