## **Handbook Acknowledgment**

		To be completed by scho Start date	
		Termination date	
Child's name:			
First	Mid	ddle Last	
Date of birth			
Significant medical	information or special nee	eds:	
Physician:	Address:	Phone	:
Hospital:	Address:	Phone:	
Transportation Vo	. No	first. I give permission for emer	
Tuition is due on th payments trigger a	<del>-</del>	rdless of which day of the week	it falls. Late
		your child and exit the building. 3.00 per minute will be charged	_
•	oth parents sign, date and no later than 7 days after	l return this page as verification enrollment.	of receipt of the
I (we),		_and	, have read,
understand, and ag Parent Handbook. I I (we) have received	ree to abide by the inform (we) understand that the d a copy of the Parent's Ha	nation given in the Bilingual Mor content may change or be upda andbook with the discipline poli opportunity to ask questions a	ntessori School ated by BMS. cy for Bilingual
Parent's Signature:		Date:	
Parent's Signature:		Date:	

Rev. 3/17/2021