

**THE MONTESSORI SCHOOL OF THE ANGELS, INC.**  
**Dartmouth, MA 02747**

**2019-2020  
information update  
Please complete  
both sides**

NAME(S) OF  
CHILD/CHILDREN:

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**INSURANCE INFORMATION**

The insurance carrier requires that we offer, at a cost to you, accident insurance for your child/ children unless your child/children is/are already covered. If you choose not to insure your child/children, you must provide proof that your child/children is/are insured.

I **do** need to purchase accident insurance

I **do not** need to purchase accident insurance

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_