



Parental Signatures

Student Information

Students Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Last First M.I.

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

Written Acknowledgement of Receipt of Parent Handbook

I acknowledge that I have received a copy of the educator's parent handbook as well as information regarding lead poisoning prevention (also included in the parent handbook).

Parent/Guardian Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

Parental Visit Notice

I understand that I may visit the home based Montessori Escuela program unannounced at any time during the hours that my child is in care.

Parent/Guardian Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

Child's Physician or Health Care Professional

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Information on Allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and the possible side effects of those medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical Insurance Information (Optional)

Subscribers Name? \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

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

Other pertinent medical information? \_\_\_\_\_

You may attach a copy of your insurance card to this form ( )

### Anticipated Day & Time of Attendance

I acknowledge that the Montessori Escuela School day runs according to the school calendar I have been given, and, unless otherwise arranged in advance with Montessori Escuela, that my child is expected to be dropped off by 8am each school day and to be picked up by 12pm (if I opt not to participate in the optional lunch), or by 12:30pm (if I opt to participate in the optional lunch). I will adhere to this schedule and I am aware that if excessive tardiness becomes a problem, monetary fines may be imposed and in extreme situations my child will be terminated from the program with advance written warning and notice.

### Custody Agreements

If applicable, I will provide Montessori Escuela with copies of any custody agreements, court orders or restraining orders.

### School Age Only (Child 5 and older)

Current School: \_\_\_\_\_

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

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Initials: \_\_\_\_\_

### Parent Name & Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last*

*First*

Signature: \_\_\_\_\_

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