



MONTESSORI HOUSE
FOR CHILDREN AND ELEMENTARY SCHOOL

Enrollment Form 2019 /2020

ALL BLANKS Must be Completed Prior to Submission

| | | |
|--|---|--|
| Student's Name (first, Last) | | Date |
| Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth (m/d/y) | Current Age (years/months) |
| Enrollment: <input type="checkbox"/> New Student <input type="checkbox"/> Re-Enrollment | Primary Language Spoken at Home: | Secondary Language: |
| Student's Home Address (street, city, state, zip code) | | |
| Student's Home Phone: | Program: <input type="checkbox"/> Academic Day <input type="checkbox"/> Full Day | Community: <input type="checkbox"/> Toddler <input type="checkbox"/> EC <input type="checkbox"/> Elementary |
| Father/Guardian Name (First, Last) | | |
| Father/Guardian Name (First, Last) | | Mother/Guardian Name (First, Last) |
| Home Address | | Home Address |
| Cell Phone | | Cell Phone |
| Work Phone | | Work Phone |
| Primary Email | | Primary Email |
| Employer | | Employer |
| Occupation | | Occupation |
| Emergency Contact & Authorized Pick-Up (Other than Parents) | | |
| Name | | Name |
| Relationship | | Relationship |
| Primary Phone | | Primary Phone |
| Address | | Address |
| Health & Medical Information | | |
| Child's Physician | Phone | Address |
| Is there any information we need to know regarding your child's health? If yes, describe in detail <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Student's Name: _____

Does your child regularly require any medication? **If yes**, describe in detail: Yes No

Does your child have any medically diagnosed allergies? **If yes**, list type, reaction & severity: Yes No

Does your child have any dietary restrictions? **If yes**, describe in detail: Yes No

Health Statement, Immunization and Vision/Hearing

The Health Statement, including current Immunization Record, must be submitted prior to the child's first day of attendance.

- A signed and dated Health Statement is attached.
- I have attached a complete immunization record for my child.

If your child is age 4 or older by Sept. 1st of the current school year, a vision/hearing screening must be on file.

- My child is not 4 yrs. by Sept. 1 of current school year.
- My child is 4 yrs. by Sept. 1 and will need to be screened
- I have attached a copy of screening performed in the past year.

Emergency Treatment: I/We hereby request, authorize and consent, and otherwise grant permission to MHFC/MHEL to render or obtain care for the student. I/We authorize MHFC/MHEL to obtain transportation for the student by ambulance, life flight or by other means when necessary for the child's safety or well-being. I/We shall reimburse MHFC/MHEL for any costs associated with such treatment or transportation. I/We hereby release MHFC/MHEL from liability and shall indemnify and hold the school harmless for any injuries, accidents, or other harm that may result from such care and treatment or transportation of the child.

Parent/Guardian Signature

Date

Consent

Topical Ointments/Creams/Sprays

I hereby give consent for my child to have the following applied whenever necessary (check each):

- Sunscreen
- Rash Cream
- Insect Repellent
- Benadryl Cream
- Antibiotic Ointment

Water Activities

I hereby give, or do not give consent for my child to participate in water activities (sprinkler & water table only).

Transportation (Elementary Only): I hereby give, or do not give consent for my child to be transported by:

- Private bussing company
- Parent Volunteer

Outings (Elementary Only): I hereby give, or do not give consent for my child to participate in outings.

Agreement

I (we) have read the Parent Handbook. I (we) understand and agree to abide by all policies as indicated in the parent handbook. My signature acknowledges acceptance of these policies and procedures.

Parent/Guardian Signature

Date

Office Use ONLY

Date Received

Received By