



2018 -2019 Pick Up Authorization

Child's Name _____

Mother's/Guardian's Name _____ Driver's License # _____

Father's/Guardian's Name _____ Driver's License # _____

The following individuals have permission to pick-up child (in addition to above mother/father/guardian):

1. Name _____ Relationship _____
Driver's License # _____ Phone _____
2. Name _____ Relationship _____
Driver's License # _____ Phone _____
3. Name _____ Relationship _____
Driver's License# _____ Phone _____
4. Name _____ Relationship _____
Driver's License# _____ Phone _____

The following individuals **do not have** permission to pick-up child:

1. Name _____ Relationship _____
Description _____
2. Name _____ Relationship _____
Description _____

Mother/Guardian _____ Father/Guardian _____

Date _____ Date _____



2018-2019 Family/Emergency Contact Info

Child's Name _____ Date of Birth _____ Gender ____
Child's Address _____ City _____ State ____ Zip _____
Child Primarily Lives With _____ Phone _____

Mother's/Guardian Name _____ Email _____

Same as Above or Address _____ City _____ State ____ Zip _____
Cell Phone # _____ Home Phone _____ Work Phone _____

Father's/Guardian Name _____ Email _____

Same as Above or Address _____ City _____ State ____ Zip _____
Cell Phone # _____ Home Phone _____ Work Phone _____

Emergency Contacts

Emergency Contact #1 _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Cell Phone # _____ Home Phone _____ Work Phone _____

Emergency Contact #2 _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Cell Phone # _____ Home Phone _____ Work Phone _____

Emergency Contact #3 _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Cell Phone # _____ Home Phone _____ Work Phone _____



I have read and accept Mountain View Montessori's policies as outlined in the Parent Handbook located on the website at www.mvmabq.com.

I am also aware of the posted Disaster Preparedness and Emergency Evacuation plan, along with the New Mexico Childcare Regulations and State Forms that are located in the foyer on the counter by the door.

Parent's Signatures _____

Date _____



**MOUNTAIN VIEW
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2018-2019 Health History/Records

(Please Print)

A copy of child's insurance card and shot record are required with this form.

Child's Name: _____

Mother's/Guardian's Name: _____

Father's/Guardian's Name: _____

Medical/Insurance Info:

Physician's Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

Insurance Company: _____ Group #: _____ Policy #: _____

Please list and describe any pertinent health information for child (including allergies, medical issues, disabilities, etc...):

I (Mother/Father/Guardian) authorize Mountain View Montessori to arrange transportation that may be needed in the case of a medical emergency involving my child. I accept the cost of any emergency medical services that may be needed for my child. If my child becomes ill while at school, I will arrange for immediate pick-up of my child. **I will notify Mountain View Montessori of any medications that need to be administered to my child and complete the Administration of Medication form.**

Mother/Guardian:

Father/Guardian:

Dated: _____

Dated: _____