

# CHILD CARE ENROLLMENT FORM ALPHA MONTESSORI SCHOOL

**CHILD'S NAME:**

**ADMISSION DATE:**

**GENDER:**

**BIRTHDATE:**

**HOME ADDRESS:**

	PARENT/GUARDIAN #1	PARENT/GUARDIAN # 2
<b>NAME</b>		
<b>RELATIONSHIP</b>		
<b>CONTACT PHONE</b>		
<b>EMAIL ADDRESS</b>		
<b>EMPLOYEER</b>		
<b>WORK PHONE</b>		
<b>WORK/SCHOOL SCHEDULE</b>		
<b>EMPLOYEER/SCHOOL ADDRESS</b>		
<b>ADDITIONAL ER CONTACTS</b>	<b>EMERGENCY CONTACT #1</b>	<b>EMERGENCY CONTACT #2</b>
<b>NAME</b>		
<b>RELATIONSHIP TO CHILD</b>		
<b>CONTACT PHONE</b>		
<b>ADDRESS</b>		

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE **ALPHA MONTESSORI SCHOOL** TO CONTACT THE FOLLOWING:

### PHYSICIAN OR CLINIC

NAME	PHONE (    )    -
------	----------------------

### PREFERRED HOSPITAL

NAME	PHONE (    )    -
------	----------------------

Is this child related to the childcare provider?	Yes	No	If so, how:
--	-----	----	-------------

### ACKNOWLEDGEMENTS

PARENT/GUARDIAN  
INITIALS

A	I HAVE RECEIVED A COPY OF ALPHA'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN VIA THE FAMILY HANDBOOK	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR ALPHA MONTESSORI SCHOOL IS AVAILABLE FOR REVIEW.	
C	I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	
E	I UNDERSTAND THAT, BEFORE MY CHILD'S FIRST DAY OF ATTENDANCE, I WILL PROVIDE PROOF OF COMPETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATION.	
F	NOT APPLICABLE TO ALPHA MONTESSORI SCHOOL	
G	I DO ___ DO NOT ___ GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	
H	NOT APPLICABLE TO ALPHA MONTESSORI SCHOOL	
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	

PARENT'S/GUARDIAN'S SIGNATURE	DATE
-------------------------------	------

CACFP REQUIREMENT	PARENT'S/GUARDIAN'S SIGNATURE	FIRST ANNUAL UPDATE
	PARENT'S/GUARDIAN'S SIGNATURE	SECOND ANNUAL UPDATE
	PARENT'S/GUARDIAN'S SIGNATURE	THIRD ANNUAL UPDATE

