

# CHILD CARE ENROLLMENT FORM ALPHA MONTESSORI SCHOOL

CHILD'S NAME: \_\_\_\_\_

ADMISSION DATE \_\_\_\_\_

BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SCHOOL  
DIRECTORY:**

I/We **DO**  I/We **DO NOT**  
*give permission for our contact information  
to be included in the school directory.*

**PARENT/GUARDIAN #1**

**PARENT/GUARDIAN # 2**

NAME

\_\_\_\_\_

RELATIONSHIP

\_\_\_\_\_

CONTACT PHONE

\_\_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

EMPLOYEER

\_\_\_\_\_

WORK PHONE

\_\_\_\_\_

WORK/SCHOOL  
SCHEDULE

\_\_\_\_\_

EMPLOYEER/SCHOOL  
ADDRESS

\_\_\_\_\_

**EMERGENCY CONTACT  
#1**

**EMERGENCY CONTACT  
#2**

NAME

\_\_\_\_\_

RELATIONSHIP TO  
CHILD

\_\_\_\_\_

CONTACT PHONE

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

This form was modified on 08-21-2023 by Alpha Montessori School from MO500-3317 (Rev 10-21)

## 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

<b>NAME</b>	<b>PHONE</b>
_____	( _____ ) _____

### PREFERRED HOSPITAL

<b>NAME</b>	<b>PHONE</b>
_____	( _____ ) _____

Is this child related to the childcare provider?	<b>Yes</b>	<b>No</b>	If so, how:
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### ACKNOWLEDGEMENTS

**PARENT/GUARDIAN INITIALS**

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