



Montessori Children's House

New Student Enrollment Form

Student Name: _____ Date of Birth: _____

Name of Previous School: _____ Dates Attended: _____

Reason for Withdrawal: _____

Will your child attend another child care program or school in addition to MCH? Yes: _____ No: _____

If yes, please provide: _____

Name of Facility

Address

Facility Contact Person

Phone Number

Please tell us about some of your child's interests, favorite books & animals, etc.:

Please tell us about your child's personality, social & emotional needs, including any concerns you may have:

Please tell us about your child's academic needs, including any concerns you may have:

All information provided is complete and correct to the best of my knowledge.

Name of Person Completing Form (please print)

Signature

Date

For Office Use Only Below This Line

Proof of child's identity and age require **original** birth certificate, passport, birth letter from hospital, placement agreement. Licensing Regulations state that MCH needs to see the original document. Photocopies of any of the above including the birth certificate cannot be accepted.

Document type:		ID #:	
Name of Mother:		Name of Father:	
Date of Birth:		Date of Issue:	
First Date of Attendance:		Last Date of Attendance:	



Montessori Children's House

Annual Registration Form

Student's Information

Child's Name:

Last First Middle Initial Nickname

Date of Birth:

Gender: M ☐ F ☐

MCH Start Date:

Child's Address:

Street City & State Zip Code

Mother or Guardian's Information

Name:

Last First

Email:

Mother's Cell Phone:

Mother's Home Phone:

Mother's Address:

Street City & State Zip Code

Employer Name:

Work Phone:

Work Address:

Street City & State Zip Code

Father or Guardian's Information

Name:

Last First

Email:

Father's Cell:

Father's Home Phone:

Father's Address:

Street City & State Zip Code

Employer Name:

Work Phone:

Work Address:

Street City & State Zip Code

Child Pick Up Authorization

Parents' marital status: _____ Are both parents authorized to pick up child? Yes: _____ No: _____

List of People Authorized to Pick Up Your Child (Photo Identification Required):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

List of People **not** Authorized to Pick Up Your Child (Please provide a court order if a parent is not permitted to pick up the child)

Name: _____

Name: _____

Student Schedule (Please indicate the hours and days your child will be attending.)

Monday	Tuesday	Wednesday	Thursday	Friday



Montessori Children's House

Annual Registration Form

Student Name: _____ Date of Birth: _____

Health Information

Does your child have any food, medicine, or environmental allergies? Yes: _____ No: _____
If yes, please describe all allergies and side effects:

Does your child take any medication on a regular basis (prescription or OTC)? Yes: _____ No: _____
If yes, please list all prescription or over-the-counter medications:

Does your child have any health issues that we should know about? Yes: _____ No: _____
If yes, please explain:

Action to be taken in an emergency: (if left blank, MCH policy is to contact 911 then parents as soon as possible):

Emergency Contact Information

Doctor's Name: _____ Doctor's Phone: _____
Dentist's Name: _____ Dentist's Phone: _____

Please list at least **two** people (beside parents) to be contacted in an emergency if the parents are not able to be reached.
Department of Social Services requires full names, phone numbers, and addresses of each person listed below.

Emergency Contact #1:

Name: _____ Cell Phone: _____ Home Phone: _____

Street City & State Zip Code

Emergency Contact #2:

Name: _____ Cell Phone: _____ Home Phone: _____

Street City & State Zip Code

All information provided is complete and correct to the best of my knowledge.

Name of Person Completing Form (please print)

Signature

Date



Montessori Children's House

Emergency Medical Authorization

Student Name: _____ Date of Birth: _____

Parent(s) and/or legal guardian(s) of _____

Child's Name

give consent and authorize Montessori Children's House staff to obtain immediate medical care, hospitalization, performance of necessary diagnostic testing, surgery, and/or administration of drugs to the above named child should an emergency occur. It is understood that this consent would only apply to true emergency situations and only when the parent(s) and/or guardian(s) are not able to be reached. Montessori Children's House will notify parent(s) and/or guardian(s) as soon as humanly possible should an emergency occur.

1. _____ I/We will be responsible for payment of medical and/or transport expenses.

Initials

2. _____ Medical treatment costs are and will be covered by parents of enrolled child

Initials

by: _____

Insurance provider: If no insurance, please indicate above.

Name of Person Completing Form (please print)

Signature

Date



Montessori Children's House

Field Trip Permission Form

Student Name: _____ Date of Birth: _____

Field trips

_____ Yes, I give permission for _____ (child's name) to participate in field trips that Montessori Children's House attends. I understand that this trip will take place away from school grounds and that my child will be under the supervision of MCH staff and volunteers during this trip. In consideration of the advantages of this field trip, I agree to release and hold harmless Montessori Children's House, its agents, officers, directors, employees and all volunteer chaperones, from any and all claims, including negligence, arising from or relating to my child's participation in school-sponsored field trips. This release and agreement to hold harmless do not apply for intentional misconduct or gross negligence.

_____ No, I do not give permission for my child to participate in field trips. I understand that I must keep my child home from school during this time.

Name of Person Completing Form (please print)

Signature

Date



Montessori Children's House

Photography/videography & Advertising Permission Form

Student Name: _____ Date of Birth: _____

Montessori Children's House uses photographs of students to identify each student's work folder and coat hook. We also keep photographs of students in our records for safety purposes, in the unlikely event that we would need to provide a physical description of your child to emergency personnel. In addition, we use photographs and videos of MCH students to send to our parents and keep them informed about what we are doing at school.

With parent permission on this form, we occasionally use pictures and videos for advertisement, marketing, and informational brochures about our school.

Children will not be identified by name and no other personal information regarding the child or children will be used, except for the specific internal instances mentioned (identifying child's work folder, coat hook, and safety records). MCH will never sell any student or family information.

_____ Yes, I give my permission for Montessori Children's House to use any pictures or videos taken of my child while in attendance at MCH. I understand that these photos may be used parent communications, informational brochures, marketing materials, online advertisements, and/or print media. I realize there is no monetary value associated with the use of these photos.

_____ No, I do not give my permission for Montessori Children's House to use any photos or videos of my child for parent communications, newsletters, informational brochures, marketing materials, or advertising. I understand that my child's photograph will be kept in MCH internal safety records as required by Virginia Department of Social Services.

Name of Person Completing Form (please print)

Signature

Date



Montessori Children's House

Parent Agreement

Student Name: _____ Date of Birth: _____

Montessori Children's House policies were discussed with me. I have received a copy of and reviewed the entire Montessori Children's House Parent Handbook. I understand that the policies within the Parent Handbook are part of my contractual agreement with Montessori Children's House, and I agree to follow these policies. I understand that I will be notified of any changes to these policies.

I agree to have my child picked up as soon as possible if notified by MCH that he or she becomes ill.

I authorize MCH to obtain immediate medical care if any emergency occurs when the parent or guardian cannot be located immediately.

I agree to inform MCH within 24 hours or the next business day after my child or any member of his or her immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent/Guardian Signature

Date