



ALDEN MONTESSORI SCHOOL

2020/21 ACADEMIC YEAR APPLICATION

Enrollment Date: _____

CHILD INFORMATION

Child's Full Name _____ Male Female DOB: _____

Address/City/Zip _____

Is English the primary language spoken at home? _____ If not, what language is it? _____

Is your child fully potty-trained? _____ If not, where are you in that process? _____

Do you believe your child to have any of the following that we should be aware of? If so, please describe below:

- Anxiety
- Attention difficulties
- Behavioral differences
- Learning differences

What are your goals for your child in our Montessori School? _____

Please list the most recent schools/child care centers your child has attended. The undersigned hereby authorizes Alden Montessori School, LLC to obtain all prior school and child care records of the child.

Name of School/Center	Location (City/State)	Dates Attended	Grade Level

The Alden Montessori School provides the benefit of selective enrollment. In fairness to everyone in the class, the minimum standards for admissions and continuing attendance include that each student:

- fits within the academic curriculum, emotional maturity and physical size range for the class;
- is able to work with an appropriate measure of independence;
- meets the respectful behavioral standards of the school;
- is not frequently or unusually disruptive;
- does not require substantially more than his/her fair share of the teacher's attention for any reason.

Signature of Parent/Guardian

Date

CHILD INFORMATION

INFORMATION-All information must be filled in

Hair Color _____ Eye Color _____ Ethnicity _____

Preferred Hospital (In emergency, closest hospital will be chosen) _____

Physician Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

ALLERGIES

Is your child allergic to penicillin or any other medication? Yes No How severe? _____

Is your child allergic to any plant, animal, insect or food product? Yes No

How severe for each? _____

Treatment for each? _____

Please provide any necessary medications/epi-pens and instructions in the event of a serious allergic reaction. Please follow guidelines in the Parent Handbook

FOOD RESTRICTIONS

Is your child vegetarian or vegan? No Vegetarian Vegetarian w/eggs and dairy Vegan

Does your child have any special needs concerning food/snacks? _____

MEDICAL CONDITIONS/ILLNESS

Does the child have any medical conditions of which the school should be aware? Yes No

Please provide details here _____

Does your child regularly take prescription medications _____

Has your child had any serious illnesses or injuries during the last 12 months? Yes No

Please provide details here _____

Do you authorize the school to administer the following if deemed necessary by the director-in-charge:

Sunscreen as needed in afternoon?* (Please feel free to sunscreen your child before school for morning) Yes No

Fever reducer (Ibuprofen or Acetaminophen) in the event of high fever?* Yes No

Insect Spray* as needed during mosquito season? Yes No

*NOTE: CHILD CARE LICENSING REQUIRES THAT YOU PROVIDE THE INSECT SPRAY AND SUNSCREEN WITH YOUR CHILD'S NAME ON IT.

*NOTE: THE SCHOOL WILL MAKE EVERY EFFORT TO CONTACT THE PARENT IN THE EVENT OF AN ILLNESS; HOWEVER, IF A PARENT CANNOT BE CONTACTED AND A CHILD IS REGISTERING A HIGH FEVER OF 103.5, THE AUTHORIZATION BELOW GIVES THE SCHOOL PERMISSION TO ADMINISTER AND APPROPRIATE DOSAGE OF A FEVER REDUCER TO BRING THE FEVER DOWN UNTIL THE PARENT CAN BE REACHED

Signature of Parent/Guardian

Date

PARENT INFORMATION

MOTHER

Name _____ Driver's License/State _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Number _____

Email _____ Occupation _____

Employer _____ Employer Location _____

FATHER

Name _____ Driver's License/State _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Number _____

Email _____ Occupation _____

Employer _____ Employer Location _____

Child lives with Both Parents at Home Primarily Mother Primarily Father Other _____

Parent Responsible for Financials: Mother or Father

If other than parent: Name: _____ Relation to Child: _____

Email: _____ Phone _____

How did you hear about Alden Montessori School? Drive By Internet Neighborhood Paper
 Friend Referral _____ Magazine _____ Other _____

PARENT ACKNOWLEDGEMENT

This is to acknowledge that Alden Montessori School has provided me with Operational Policies/Parent Handbook via the parent tab of the Alden Montessori School website and has had the opportunity to discuss the contents.

Signature of Parent/Guardian

Date

- Schools and child care centers must provide parents with a copy of our Operational Policies and review its contents with them.
- Parents acknowledge receiving the Operational Policies by signing and dating this form.
- This acknowledgement is kept in the child's file as long as the child remains at the facility.

NOTE: FAILURE TO PROVIDE PARENTS WITH OPERATIONAL POLICIES, REVIEW IT'S CONTENTS, AND OBTAIN A SIGNED RECEIPT IS A VIOLATION OF STANDARD 2300 FROM THE DAY CARE MINIMUM STANDARDS AND GUIDELINES OF THE TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES.

AUTHORIZATIONS

AUTHORIZATIONS TO RELEASE CHILD TO DESIGNATED PERSONS, AUTHORIZATION FOR THE CHILD TO USE PLAYGROUND EQUIPMENT, TO PARTICIPATE IN SCHOOL ACTIVITIES, AND WHEN AGE APPROPRIATE, BE TRANSPORTED TO FIELD TRIPS (INCLUDING SWIMMING), AUTHORIZATION FOR SCHOOL TO USE PHOTOGRAPHS OF THE CHILD FOR ADVERTISING INCLUDING WEB PAGE AND SOCIAL MEDIA, AS WELL AS LIMITED POWER TO GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT TO EMERGENCY PERSONNEL AND TRANSPORTATION TO HOSPITAL.

I, the undersigned, represent and warrant to the Alden Montessori School, LLC (the "School") that I have legal custody of the following child:

Child's Full Name _____

I do hereby authorize the School to allow my child to leave the School only with following persons. Please list names and telephone number for each person. Children will only be released to a parent/guardian or a person designated by the parent/guardian after verification of identification.

Name	Home Phone	Cell Phone	Relation to child
Mother			Mother
Father:			Father
Other Emergency Contact:			
Emergency Contact Address:			
Pickup Person:			
Pickup Person:			
Pickup Person:			

I authorize the School to allow my child to use playground equipment, to participate in all school activities, and to be transported and supervised by the operation's employees, I also authorize the school to allow my child to participate in field trips, including, but not limited to; museums, symphony, theater, zoo, library, public parks, ice-skating, roller skating, water play, and swimming. I also authorize the School to use photographs of my child in its advertising, school website, school posters and signs, etc.

A class roster with child's name, parent name, email and phone number will be available to class parents for communication about birthday parties, play dates, etc.

In case of an sickness, accident, or injury when emergency medical care appears to be required, I authorize the School and any staff member of the School to secure any and all necessary emergency medical care and transportation for my child.

Signature of Parent/Guardian

Date