

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ___ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ___ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. ___ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dentist's Name: _____ Phone: () _____

Address: _____

Hospital's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dentist's Name: _____ Phone: () _____

Address: _____

Hospital's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Emergency Medical Authorization:

Should _____ (child's name); _____ (date of birth) suffer an injury or illness while in the care of Aspen Park Montessori (APM) and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____ Signature _____ Date: _____

APM Administrator/Designee _____ Signature Date: _____

Parental Agreements with Child Care Facility:

Aspen Park Montessori, School of Innovative Technologies and World Languages agrees to provide child care for (Name of Child) _____ on _____ (Days of Week) as _____ (Part time/Full Time/Drop-in) starting from _____ (Month) to _____ (Month).

My child will be required to bring their own lunch meal if they are fulltime. Breakfast Morning Snack and Afternoon Snack will be provided by Aspen Park Montessori.

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Aspen Park Montessori, School of Innovative Technologies and World Languages agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Aspen Park Montessori, School of Innovative Technologies and World Languages.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____ (Parent/Guardian)

Signed: _____ Date: _____ (APM Administrator)

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Thank You!

Media Consent and Release: Student to be Filmed/Photographed for Use of Image/Voice

There may be times during the school year when different media groups (newspapers, television, university, school production class, etc.) will cover activities with articles, video or still photography that may be published locally or nationally. In addition, schools or the District may want to include school-oriented articles, video or photography in their own publications and/or on their own web sites.

I, _____ [Parent/Guardian] , hereby grant to Aspen Park Montessori, their successors, and their assignees the right to record the image and/or voice and use the artwork and/ or written work of my child, _____ [Student Name] , on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion. I understand that my child's full name, address and biographical information will not be made public. I further grant Aspen Park Montessori, their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use. I hereby release Aspen Park Montessori, their successors, and their assignees and any using my child's image and/or voice, artwork, and/or written work pursuant to this media release form any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof. I understand that the provisions of this release are legally binding.

Please check one: _____ I consent. _____ I do not consent.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Permission to Apply Sunscreen

I understand that during those times when there is much sunlight, I will apply sun block to my child prior to arrival at Aspen Park Montessori. Should there be a time when Aspen Park Montessori personnel need to apply sunscreen, the following shall apply:

Full Day students will have available sun block, which has UVA and UVB plus a SPF of 15 or higher labeled with my child's name, to be applied or re-applied in the afternoon. In the event that my child does not have sun block, I authorize the staff at Aspen Park Montessori to apply sun block with a SPF of 30 or higher.

Child's Name: _____ (please print)

Parent Signature: _____ Date: _____

Permission to Apply Insect Repellent/ Bug Spray

I give Aspen Park Montessori staff permission to apply insect repellent to my child no more than once per day and only, if Public Health Authorities, deem it necessary due to a high risk of an insect-borne disease.

I understand that it is my responsibility to provide a container of insect repellent, which contains DEET and is labeled with my child's name. I also understand that it is my responsibility to provide repellent that has not reached its expiration date.

Child's Name: _____ (please print)

Parent Signature: _____ Date: _____