



## Application for Admission

### General Information

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Child Lives With: (Circle One) Both Parents Mom Dad Guardian

Custody Documents on File: (Circle One) Yes No N/A

Father or Guardian's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Contact Information.** Give the name, address, and phone number of the responsible individual to call **in case of an emergency** if parents/guardian cannot be reached

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Release Authorization.** I authorize Riverchase Montessori to release my child to the following persons. Children will only be released after verification of ID.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## Consent Information

### Transportation

I give consent for my child to be transported and supervised by the operation's employees:

- For emergency care
- Field Trips

Please note that before field trips, parents will be notified, and further consent will be required.

### Water Activities

I give consent for my child to participate in the following activities

- Water table play
- Splash Pad

### Meals

I understand that the following meals will be served to my child in care

- None
- Breakfast
- Morning snack
- Lunch
- Afternoon snack
- Evening snack

### Days and Times in Care

- 5 Full Days (6:30 am – 6:30 pm)
- 5 School Days (8:00 am – 3:00 pm)
- 5 Half Days (8:00 am – 12:00 pm)
- 3 Full Days (6:30 am – 6:30 pm) Specify Days: \_\_\_\_\_
- 3 School Days (8:00 am – 3:00 pm) Specify Days: \_\_\_\_\_
- 3 Half Days (8:00 am – 12:00 pm) Specify Days: \_\_\_\_\_
- After School (3:00 pm – 6:30 pm)

Please note that the full day program is the only available option for children 18 months and younger.



## Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Emergency Care Facility \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give consent to Riverchase Montessori to secure any and all necessary emergency medical care for my child.

Parent or Legal Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Child Allergy Information

Does your child have diagnosed food allergies? If yes, please submit an allergy action plan.

- Yes
- No

Please list diagnosed food allergies \_\_\_\_\_

Please list any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long term continuous use and any other information which caregivers should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Health Statement

If your child does not attend school away from Riverchase Montessori, this health statement must be signed by your child's physician **within one week** of admission.

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Health Care Professional Statement:** I have examined the child within the past twelve months and find that he or she is able to take part in the school program.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Vision and Hearing

Children 4 years and older, a copy of the vision and hearing screening must be attached. This is not a requirement for children in the After School Program.

### Immunizations

- I have attached my child's immunization records
- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.

Please note that immunizations must be updated as received.



## Behavior and Conduct Statement

Is your child considered a child with special needs?

- Yes
- No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Do you believe your child may have any attention difficulties or learning differences?

- Yes
- No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Please note that sometimes the number of children in a class can contribute to an alteration of behavior and the pressure of a class with more than 10 children is the main factor. If this is the case and in the event the school is unable to meet the developmental needs of your child (emotional and academic), Riverchase Montessori reserves the right to terminate the acceptance of your child at any time. In this case, a 30 day notice is given as well as any recommendations of other suitable schools that might be more suitable for your child's needs.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_