

# Montessori Academy

## Pre-Admission Record

**This form must be completed by the child's parent or guardian.** This form must be kept in the child's file.

CHILD'S NAME:	NAME CHILD IS KNOWN BY:		
CHILD'S BIRTH DATE:	CHILDS HOME ADDRESS:		
MOTHER'S/GUARDIAN'S NAME:	FATHER'S/GUARDIAN'S NAME:		
SOCIAL SECURITY #	SOCIAL SECURITY #		
DRIVERS LICENSE #	DRIVERS LICENSE #		
PARENTS MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER _____			
HOME ADDRESS:	HOME ADDRESS:		
CITY, STATE, & ZIP:	CITY, STATE, & ZIP:		
HOME NUMBER:	HOME NUMBER:		
EMAIL ADDRESS:	EMAIL ADDRESS:		
EMPLOYER:	EMPLOYER:		
EMPLOYER'S ADDRESS:	EMPLOYER'S ADDRESS:		
WORK NUMBER:	WORK NUMBER:		
CELL/PAGER NUMBER:	CELL/PAGER NUMBER:		
INSTRUCTIONS REGARDING HOW PARENT/GUARDIAN MAY BE REACHED IN AN EMERGENCY:			
<b>Your child will be released only to you or the person(s) listed in the two areas below.</b>			
Person(s) to be contacted in an emergency if parent(s) cannot be reached:			
NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE NUMBER
NAME	RELATIONSHIP TO CHILD	ADDRESS	PHONE NUMBER

CHILD'S PHYSICIAN	ADDRESS	PHONE NUMBER

**EMERGENCY AUTHORIZATION:** I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.

\_\_\_\_\_  
 Parent Signature Date

**FORM NOT VALID WITHOUT SIGNATURE OF CHILD'S PARENT/GUARDIAN**

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**ALLERGY ALERT**

YES  NO

Describe any allergies or special needs below:

N/A

Describe reaction and/or treatment of allergy :

N/A

I understand that the Department of Human Resources does not inspect activities away from the child care facility. The licensee of the child care facility assumes full responsibility for such activities.

x \_\_\_\_\_ / \_\_\_\_\_  
Parent Signature Date

I give permission for my child to participate in:  
(Circle yes or no and sign EACH line.)

		Signature of parent/guardian	Date
Activities away from the facility:	NO x		
Transportation provided by the facility:	NO x		
Swimming/wading activities provided by the Facility:	YES x		

**Form not valid without signature of child's parent/guardian in each space indicated above.**

This section is to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_

Additional information may be attached.