



## CHILD ENROLLMENT FORMS

Child's Name: \_\_\_\_\_ (Nickname : \_\_\_\_\_)

Program: \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Siblings (list name, age, grade and school)** \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_ Does your child has any medical conditions? \_\_\_\_\_

List any allergies: \_\_\_\_\_

Has anyone other than you (parents) cared for your child? If YES, who provided care and where?

Any comments that will help us better understand your child:

What do you expect from a Montessori Environment?

### MOTHER'S INFORMATION

### FATHER'S INFORMATION

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

Driver's License #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Occupation: \_\_\_\_\_



# Eldorado Montessori

Discovering the Gems Within

11600 Teel Parkway, Frisco, TX 75033 ■ Tel: 972-334-9444 ■ Fax: 972-334-9547 ■ [www.eldoradomontessori.com](http://www.eldoradomontessori.com) ■ Email: [info@eldoradomontessori.com](mailto:info@eldoradomontessori.com)

## AUTHORIZATION FOR RELEASE

School is authorized to release the child to the following Individuals other than the parents:  
State Requirement to have 2 people, other than parents, who can be notified in case of emergency.

### INDIVIDUAL 1

### INDIVIDUAL 2

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

Driver's License #: \_\_\_\_\_

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

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

Relation to Child \_\_\_\_\_

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

## UNIFORM POLICY

All students wear uniforms daily at our school except on scheduled and non-uniform days. Parents are requested to cooperate and help us enforce the school Uniform Policy.

GIRLS: Khaki or Navy blue pants/shorts/skirt/jumper; red, pink or blue polo shirts; white/navy socks, closed-toe shoes with rubber soles, quiet shoes (leather soled soft pull on slippers).

Winter wear – navy blue sweat pants and sweatshirt/ navy blue cardigan.

BOYS: Khaki or Navy blue pants/shorts; red, pink or blue polo shirts; white/navy socks, closed-toe shoes with rubber soles, quiet shoes (leather soled soft pull on slippers).

Winter wear – navy blue sweat pants and sweatshirt/ navy blue cardigan.

## LUNCH/SNACK POLICY

I hereby acknowledge that if I choose to provide my child's lunch and/or snacks from home, they will be a NUT FREE food and Eldorado Montessori is not responsible for its nutritional value or for meeting my child's daily food needs.

## RECEIPT OF WRITTEN OPERATIONAL POLICY

I hereby acknowledge receipt of the Operational Policies of the facility including those for Discipline and Guidance.

## INSURANCE VERIFICATION

I hereby grant my permission to Eldorado Montessori to contact my insurance company to verify coverage.

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



# Eldorado Montessori

Discovering the Gems Within

11600 Teel Parkway, Frisco, TX 75033 ■ Tel: 972-334-9444 ■ Fax: 972-334-9547 ■ [www.eldoradomontessori.com](http://www.eldoradomontessori.com) ■ Email: [info@eldoradomontessori.com](mailto:info@eldoradomontessori.com)

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND TRANSPORT INFORMATION

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Number \_\_\_\_\_

**State Requirement to have 2 people, other than parents, who can be notified in case of emergency.**

### INDIVIDUAL 1

### INDIVIDUAL 2

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

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

### MEDICAL INFORMATION

Physician's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Complete Address \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Name of Insured \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Member # \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

(Please provide a copy of the insurance card.)

Preferred Hospital (if Any) \_\_\_\_\_

Medical Alert \_\_\_\_\_ Medical Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_

Please list any on-going medications that are taken by your child at this time: \_\_\_\_\_

Describe all physical conditions or illnesses which could affect the child's participation in the programs, or medically diagnosed conditions which prohibit participation in normal day care activities (diabetes, epilepsy, insufficient blood coagulation, etc). If this relates to you, please attach any additional information/instructions that will aid us in taking care of your child. This includes, but is not limited to, allergies, existing illnesses and injuries, hospitalizations and any medications prescribed for continuous long term use.

I understand and acknowledge that Eldorado Montessori is relying upon the information provided by me. I affirmatively represent that the information supplied on this form is accurate. If I have failed to provide Eldorado Montessori with all of my child's relevant medical information, I understand that my failure to do so will act as a release of liability against Eldorado Montessori for any and all injuries or illnesses suffered by my child while in the care of Eldorado Montessori. All information submitted on this form is true to the best of my knowledge. No information has been knowingly omitted. I agree to notify the school immediately of any changes to my child's health.

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

### HEALTH CERTIFICATIONS

- One of the following 2 must be presented when your child is admitted into Eldorado Montessori:

\_\_\_\_\_ 1. Health Care Professional Statement signed by the child's physician such as: I have examined the above named child within the past year and find that s/he is physically able to take part in the educational pre-school program (a copy of this statement needs to be signed by the child's physician and placed in the child's school file). Dated copy should be no less than 1 year from the admission date.

\_\_\_\_\_ 2. A record of an appointment that has been set within 2 months of admission into Eldorado Montessori for the expressed purpose of obtaining a wellness physical for the child's entering an educational school setting. A copy of the results should be on file in the child's school record no less than 1 month after the doctor's appointment.

- Hearing and Vision Screening

\_\_\_\_\_ A copy of the above mentioned child's vision and hearing screening test needs to be provided upon entering Eldorado Montessori for any child 4 years of age or older.

- A copy of the child's **IMMUNIZATION** record is required upon admission.

### PERMISSIONS

- Permission is given for my child to participate all program activities including the use of outdoor and indoor equipment.
- Permission is given for photographs and videotapes for any and all purposes, which may include promotional/advertising and publicity purposes, without compensation e.g. school web site, school scrapbook, and classroom videos etc.
- My child (has/ has not) my permission to participate in water activities planned by Eldorado Montessori. Swimming pools will be excluded from this permission. I understand that at least two adults will be in continuous supervision and that safety rule will be enforced.

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

I acknowledge that I have read and understood all terms and agreements listed here. I also acknowledge that the information I provided herein is true and accurate.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## EMERGENCY MEDICAL TREATMENT AND TRANSPORT CONSENT

**(MUST BE NOTARIZED)**

I \_\_\_\_\_ hereby give Eldorado Montessori permission to provide first aid care as deemed necessary for my child, \_\_\_\_\_ in the event I / we cannot be reached. I hereby authorize Eldorado Montessori / emergency units to transport my child to the emergency room of local hospital or hospital required by the local mobile emergency units. I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which the physician deems necessary (including anesthesia). My insurance is on file with the school. I agree to accept financial responsibility for all medical expenses incurred.

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

State of Texas County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_ or through (description of identity card or other document \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

APPLY SEAL

Notary Public's Signature \_\_\_\_\_