

Eldorado

MONTESSORI

Child Information

Child's Name (First, Middle Initial, Last): _____

Birthdate: _____ Age: _____ Gender: _____ Nickname: _____

Home Address: _____ City: _____

Zip Code: _____ Primary Language: _____

Is your child toilet trained? _____

Please list any allergies and reactions, *if severe; a FARE form will be required:* _____

Primary Contact and Release:

Parent/Guardian #2: _____ Relationship to Child: _____

Primary Phone #: _____ Email Address: _____

Home Address: _____ City: _____ Zip Code: _____

Employer: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Primary Phone #: _____ Email Address: _____

Home Address: _____ City: _____ Zip Code: _____

Employer: _____

Parent/Guardian Signature: _____ Date: _____

Office use only

Date of Enrollment: _____

Date of Departure: _____

Parent Update: _____

Parent Update: _____

Parent Update: _____

Parent Update: _____

Parent Update: _____

Parent Update: _____

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Emergency Contact & Release:

Please list the people you would like to have contacted if you cannot be reached in case of an emergency. We are mandated by state regulations to have at minimum one other contact besides the main guardians of the child. Please advise that any person picking up your child will be asked to show a photo ID until staff members become familiar with them. If you need a person not listed below to pick up your child, you must notify the school in advance with an email.

Mandatory:

Emergency Contact #1: _____ Relationship to Child: _____
Phone Number: _____ DL State and #: _____
Home Address: _____ City: _____ Zip Code: _____

We are unable to release any child without prior written authorization.

Name #2: _____ Relationship to Child: _____

Phone Number: _____ DL State and #: _____

Home Address: _____ City: _____ Zip Code: _____

Emergency Contact and Release Release Only

Name #3: _____ Relationship to Child: _____

Phone Number: _____ DL State and #: _____

Home Address: _____ City: _____ Zip Code: _____

Emergency Contact and Release Release Only

Please do not share your personal code to the building with anybody else. A member of staff will let in anybody to pick up a child that does not have their own access and be asked to provide a government issued photo ID.

Parent Signature: _____

Date:

Revised 7/28/2023

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Does your child have any of the following special care needs?

- ◇ Environmental Allergies
- ◇ Food Intolerances
- ◇ Existing Illness
- ◇ Previous Serious illness
- ◇ Injuries & Hospitalizations (past 12 months)
- ◇ Other: _____
- ◇ Limitations or Restrictions of child's activities
- ◇ Reasonable accommodations or modifications
- ◇ Adaptive Equipment (include instructions below)
- ◇ Symptoms or indications of complications
- ◇ Medications prescribed for continuous long-term use
- ◇ Pre-Existing Medical Conditions

Explain any special care needs checked above: _____

Does your child have any food allergies? Yes No

If yes, what kind and what reaction? _____

Food Allergy Plan Submitted date: _____

Can your child swim without assistance? Yes No

If no, what assistance is needed? _____

Medical Information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ Zip Code: _____

Preferred Hospital for Emergency Care: _____

Address: _____ City: _____ Zip Code: _____

Health Insurance Provider: _____ Policy Number: _____

Please advise that a current shot record as well as a Health Statement from your pediatrician will be required before your child's first day. An updated shot record is required every time your child receives vaccines. At 4 years of age your child is required to have a hearing & vision screening with results provided to

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Permissions (please initial each):

_____ Permission is given for my child to participate in all program activities including the use of indoor and outdoor equipment.

_____ Permission is given for photographs and video recordings of my child to be used for internal school use, to include the ProCare app.

_____ My child has my permission to participate in water activities (*water table play & sprinkler play*) planned by Eldorado Montessori. I understand that at least two adults will be in continuous supervision and that safety rules will be enforced.

_____ I acknowledge that I have received a copy of the Eldorado Montessori Family Handbook and that I have read it and accept the policies and procedures contained therein.

_____ I agree to provide Eldorado Montessori the updated vaccine records at my child's well checks.

_____ I understand that I am responsible for supplying Eldorado Montessori with a copy of the results from my child's Hearing and Vision Screening at the age of 4 years.

_____ I acknowledge that I received a copy of the school's Discipline and Guidance Policy.

_____ Lunch/Snack Policy; I acknowledge that if I choose to provide my child's lunch and/or snacks from home, or plan to use the third party catering service, Eldorado Montessori is not responsible for its nutritional value or for meeting my child's daily food needs.

I understand and acknowledge that Eldorado Montessori is relying upon the information provided by me. I affirmatively represent that the information contained in this form is accurate. If I have failed to provide Eldorado Montessori with all of my child's relevant medical information necessary, I understand that my failure to provide this information will act as a release of liability against Eldorado Montessori for any and all injuries or illnesses suffered to my child while in the care of Eldorado Montessori. All information submitted on these enrollment forms 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 Signature: _____ Date: _____

Parent's Name: _____ Director's Signature: _____

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NEXT SECTION MUST BE NOTARIZED

Emergency Medical Treatment & Transport Consent:

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 Responders to transport my child to the emergency room of a local hospital or hospital required by the local EMS. 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). I have my insurance on file with the school. I agree to accept full financial responsibility for all medical expenses incurred.

Parent/Guardian's Signature: _____ Date: _____

State of Texas, County of _____

Before me, _____, on this day, personally appeared _____, known to me (or proved to me through government issued ID: _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ (month), _____, (year).



Notary Public's Signature: _____

Apply Seal