

Northview Montessori Registration Form

Child's Full Name: _____ Known as: _____
Gender: _____ Age: _____ Date of Birth: _____ Naps? _____
Arrival Time: _____ Pick Up Time: _____ Desired start date: _____
Home Address: _____ Zip Code: _____

Parent/Guardian Information

Name _____
Address _____
_____ Zip Code: _____
Home Phone: _____
Cell Phone: _____
Email address: _____
Occupation and place of employment:

_____ Work Phone: _____

Parent/Guardian Information

Name _____
Address _____
_____ Zip Code: _____
Home Phone: _____
Cell Phone: _____
Email address: _____
Occupation and place of employment:

_____ Work Phone: _____

Name of child's physician: _____ Phone _____
Name of child's dentist: _____ Phone _____

Name of person who has parents' written permission to care for child if parent cannot be reached in case of illness or emergency: _____
Home Phone: _____ Work Phone: _____ Relationship: _____
Address: _____

Person(s) authorized to pick up child:

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Person(s) *not* authorized to visit or pick up child: _____

How did you hear about Northview Montessori? _____

Office Use:

Room Number: _____ Actual start date: _____ Schedule: _____
Session & Year: _____ Yearly Registration Fee _____ Tuition Deposit _____

Child's Name: _____

D.O.B. _____

Authorization for Medical Emergencies

I, _____, authorize Northview Montessori, LLC to secure emergency medical and/or surgical treatment from those persons licensed to administer aid in an emergency, (ie. hospital/licensed physicians/paramedic) for my child _____. I understand that all reasonable efforts will be made to notify me before such action is taken and agree that the expense of such emergency care will be accepted by me.

Signature of parent or guardian: _____

Date: _____

Do you have a hospital preference? _____

Custody Arrangements

Divorced/Separated:

We, (Father/Guardian) _____ and (Mother/Guardian) _____, are divorced or separated parents and have attached the court issued custody agreement.

Father/Guardian sign _____ **Date** _____

Mother/Guardian sign _____ **Date** _____

Please use this space to describe any additional guardianship or custody arrangements.

Northview Montessori – Medical Action Plan

Child's Name: _____

D.O.B. _____

Instructions:

If your child does not have asthma, allergies, a history of seizures or any special medical needs, please fill out Sections 1 and 4.

If your child has asthma, an allergy, a history of seizures or any special medical needs, please fill out Sections 3 and 4, and have your health care provider fill out section 2. If your child has known allergies, you must have your Health Care Provider fill out this Medical Action Plan. Northview requires a physician's signature and instructions. Teachers must be given both verbal and written instructions if there is a need for any special precautions in the classroom. The allergy to a particular food must be documented below before we discontinue use of that food in the classroom. Should an Epi-pen play a part in your child's special needs, you will be required to give the staff specific training for your child, as well as make sure medication is current and not expired. When there are changes in your child's allergies, please make sure that you give us written notification regarding the changes.

Section 1

By initialing this box, I confirm that my child does not have any allergies, special needs, or asthma at this time.
(Go to section 4)

Section 2

NOTICE: This section is to be filled out by a health care professional.

Allergy to: _____

Special need: _____

Asthmatic: Yes _____ No _____

Action for Minor Reaction:

1. If only symptom(s) are: _____
give _____ (medication and dose)
2. Then call: _____ at _____ or _____ at _____
(person) (phone) (person) (phone)

Action for Major Reaction:

1. If ingestion is suspected and/or symptom(s) are: _____, give _____ (medication and dose) **immediately**.
2. Then call:
911 immediately
Parent/Guardian _____ **at** _____
Parent/Guardian _____ **at** _____
Physician _____ **at** _____

Physician or Health Care Provider's Signature

Date

Section 3

Along with this Action Plan, I am am not including medication with specific instructions.

In case of a reaction, if a parent/guardian cannot be reached, here is a list of emergency contacts to call:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Section 4

By signing this form, I hereby state that I have filled this form out as accurately as possible and to the best of my ability.

Parent/Guardian

Date

Northview Montessori Permissions

Child's Name: _____

D.O.B. _____

PLEASE MAKE SURE TO INITIAL ALL THE BOXES PERTAINING TO YOUR CHILD!

Field Trips: When the weather is nice, we periodically take walking field trips to Fairmont Park. In case of emergency the staff will have a cell phone with them. By **INITIALING THE BOXES** I give permission for my child to participate in pre-arranged field trips and authorize the following modes of transportation.

Walking

I will drive my child

My child will stay home

Special instructions: _____

Photo/Video Release: We enjoy taking still and video pictures of the children to document their growth and to share with you. Photos will only be displayed in classrooms, school newsletters, or posted in the halls. By **INITIALING THE BOXES** please let your wishes be known:

I GIVE permission to Northview to **photograph/videotape** my child and use these as stated above.

I DO NOT GIVE permission to Northview staff to **photograph/videotape** my child.

Special instructions: _____

School Directory: To facilitate the building of relationships within the school, we like to provide our families with a listing of the names, phone number and email address of all families in the school. By **INITIALING THE BOX**, please let your wishes be known:

Yes, please include me in the listing.

No, I do not wish to be included.

Special instructions: _____

My initials above indicate my permission for each initialed item.

Signature: _____ Date: _____

Getting to Know My Child

Child's Full Name _____ Name used by Family or Nickname _____

Please list family members living in the home and relationship to child: _____

Describe your child's personality? For example, is he/she typically outgoing or reserved? _____

Where is your child in the toilet training process? (needs reminding - help wiping - needs reminding to always wash hands) _____

Describe your child's interests in literacy activities (reading, writing, drawing, storytelling...) _____

What types of activities does your child enjoy with family members? _____

What topics interest your child? _____

Does your child have any fears (animals, insects, darkness, large groups, loud noises...)? _____

Has your child been in a preschool or daycare before? Please describe: _____

What are your child's best qualities? _____

Does your child have any sensory sensitivities? _____

How does your child express anger and/or frustration? _____

When your child is upset, what helps comfort him/her? _____

Has your child ever been screened for a language, physical, or developmental issue? _____

Do you have any concerns about your child's development? _____

Please list anything else that you feel is important for the staff to know about your child? (Continue on the back if needed) _____

Do you have any hobbies, interests or talents that you could share with your child's class? _____

Do you have access to any interesting guest speakers that could visit our school? _____