CHECK LIST FOR STUDENT FILES 2017-2018

Must be completed before enrollment can begin

Name of Student_____

-Registration Form

-Parent Contact Information

- Start Date_____

-Immunization Record (Please attach Copy)

-Permission Form

-Pick up Authorization

-Emergency/Hospitalization

- Midday Emergency Closing Form

-Parent Consent

***** PLEASE NOTE AFTER SCHOOL HOURS HAVE CHANGED*****

Montessori School of the Finger Lakes

Child's Name_____Todays Date:_____

Date of Birth_____ Age as of Sept 1 _____years _____months

____ Full Day Early Childhood (2.5yr-4yr) _____ Half Day Early Childhood (845a-12p)

____ 3 days a week Early Childhood (M,W,F) _____ 2 days a week Early Childhood (T,TH)

_____ Universal PreK _____Kindergarten _____ Elementary

What is your email address? _____

Would you like to receive alerts through the text message app called Remind? Indicate which cell phone number you would like to receive messages to: _____

Please list all your child's favorite activities:

_____

_____

Please list all the individuals living in the household:

Name: Relationship to Child:

_____

_____

_____

_____

_____

How did you hear about the Montessori School of the Finger Lakes?

_____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS INFORMATION SHEET! WE LOOK FORWARD TO SEEING YOU! ☺

Before- and after- school Care Registration

Child(ren) Name_____

Before school care- **Hours: 7:00 am to 8:45 am**

Monthly cost: $ 125.00

Hourly cost: $15.00

Our arrival time is:_____

After- school care: **Hours: 2:00 pm to 4:30 pm (UPK &3PK)**

3:00pm to 4:30pm (ELEMENTARY)

Monthly cost: $ 175.00

Hourly cost: $15.00

Our pick up time is:_____

Parents are billed on monthly tuition statements for before and after school care. Parents are billed the hourly rate if the child is not a regular (Monday through Friday) attendee

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Parent Contact Information Sheet

Father's Name_____

Address_____

Employer's Name _____

Employers Address _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Mother's Name_____

Address_____

Employer's Name _____

Employers Address _____

Phone: (Home) _____

(Work) _____

(Cell) _____

Montessori School of the Finger Lakes

Child's Name:_____ Date:_____

Photographs:

I authorize the Montessori School of the Finger Lakes to feature photographs of my child in newspaper articles, school brochures, posters, etc.

Parent/Guardian Signature:_____ Date:_____

Facebook:

I authorize the Montessori School of the Finger Lakes to feature pictures of my child doing classroom work, interacting with peers, going on field trips, etc. On the Montessori of the Finger Lakes Facebook group page. www.fingerlakesmontessori.com

Parent/Guardian Signature:_____ Date:_____

Authorization for Consent to Medical Treatment of Minors

New York State regulations require that all providers obtain written permission from each child's parent/guardian in the event emergency health care for a child is required and parent/guardian cannot be reached.

In the event that the undersigned parent/guardian of _____
(Child's name)

cannot be contacted through reasonable efforts, does hereby empower and grant to:

_____
(Name, Address, Phone)

The right to consent permission of an X-ray, examination, anesthetic, medical or surgical diagnosis treatment and/or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of New York, when the need for such treatment is immediate and when efforts to contact me(us) are unsuccessful.

This authorization shall be valid for the period of time commencing on

_____ and ending on _____
(Date) (Date)

Information:

Parent/Guardian can be located at the following address/phone number during school hours:

_____
(Parent/guardian name, address, phone)

_____
(Parent/Guardian name, address, phone)

Any Known Allergies: _____

Child's Physician: _____ Phone: _____

nsurance Company: _____ Policy #: _____

Montessori School of the Finger Lakes

Pick-Up Authorization form

Throughout the school year it may become necessary for a parent or guardian to ask an additional friend or relative to pick up their children from school. Please take a moment to list all who, including parents or guardians, you will give the school permission to release your child(ren) to:

Child's Name_____

Pick Up People (please list phone numbers)

NAME:	**Phone Number**

Parent/Guardian Signature:_____

Required Parental Consents

I give permission to the Montessori School of the Finger Lakes to apply the following over-the-counter lotions/ointments to my child when needed.

Sunscreen: _____

Insect Repellent: _____

Diaper Cream: _____

Neosporin: _____

Comments: _____

_____

_____

***** Parent Signature: _____ Date: _____