

Licensed Child Care Center Name <b>Sunrise Montessori Preschool</b>		Licensed Director's Name	
Child's Name		Date of Birth	Child's MAIN Contact Phone #
Child's Home Address			
Date of First Day of School	Child's Age on First Day of School	Which Program? Please CIRCLE one: Full Day/M-F    Half Day/M-F    Half Day/MWF    Half Day/TTh	
Parents' or Guardians' Names (If two Parents/Guardians, please list BOTH)		Address (if either Parent's home address is different from Child's address)	
Parent #1's CELL #	Parent #1's WORK #	Parent #2's CELL #	Parent #2's WORK #
Name, address and phone number of a friend or relative we can call in case of an emergency if a Parent cannot be reached:			Relationship
I hereby authorize Sunrise Montessori Preschool to allow my child to leave their property <b>ONLY</b> with the following person(s). <b>Please list name &amp; telephone number for at least one person.</b> Do NOT list parents here. Children will only be released to a person designated by the Parent/Guardian after verification of a photo ID. We recommend listing at least one neighbor. Please list in order of who you would like us to call first.			

In the event I cannot be reached to make arrangements for <b>EMERGENCY MEDICAL CARE</b> , I authorize a person in charge to take my child to:		
Physician	Address	Phone #

Emergency Medical Care Facility	Address	Phone #
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I give consent for Sunrise Montessori to secure any and all necessary emergency medical care for my child:	
_____	_____
Signature of Parent or Legal Guardian	Date Signed

List any <b>ALLERGIES</b> , existing illness, recovering injuries and hospitalizations during the past 12 months, and any other information which your child's caregiver should be aware of:

<b>***** PLEASE READ BEFORE SIGNING *****</b>	
By signing this Admission Form, I acknowledge that: 1) All of the information on this form is true and correct. I also understand that <b><i>I must fill out every box on this Admission Form</i></b> as required by the Dept. of Family and Protective Services or it is considered incomplete. If I left a box blank because it does not apply to our family, I put a line through it. 2) I understand that I am responsible for keeping my family's information on this form updated and will notify Sunrise Montessori of any changes. 3) I am aware that there are no field trips, water activities, or transportation provided by Sunrise Montessori. 4) <b>My child has been examined by a health care professional within the past year and is able to participate in a school program. <u>Within two weeks of admission, I will obtain a health care professional's signed statement (also called a Well Check Form) that states my child is able to participate in a school program and will submit it to Sunrise Montessori.</u></b>	
_____	_____
Signature of Parent or Legal Guardian	Date

Please write down the email addresses you wish to have your child's Weekly Updates, School Newsletters and any other email correspondence sent to:	
_____	_____
Parent Email #1	Parent Email #2