

Operation Name <i>Sunrise Montessori Preschool</i>		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)		Second Home Address (if child lives regularly in two homes)	
Parent #1's CELL #	Parent #1's WORK #	Parent #2's CELL #	Parent #2's WORK #
Give the name, address and phone number of the person to call in case of an emergency if Parent cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following person(s). Please list name & telephone number for at least one person. Children will only be released to a person designated by the parent /guardian after verification of ID. We recommend listing at least one neighbor. Please list in order of who you would like us to call first, thank you.			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize my child to be taken to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries or hospitalizations during the past 12 months and any current medication prescribed for long-term continuous use:

Family's email address(es): _____
(Please write down the email addresses you want all school email correspondence to go to, thank you!)

Signature of Parent or Legal Guardian

Date

****PLEASE READ BEFORE SIGNING****

By signing above I acknowledge that: 1) All of the information is true and correct. I also understand that ***I have to fill out every box*** on this admission form as required by the Dept. of Protective and Family Services or it is considered incomplete. If there is a box I deliberately chose to leave blank, I drew a line through it or wrote NA for "does not apply." 2) I understand that I am responsible for keeping my information updated and notifying Sunrise Montessori of changes. 3) I am aware that there are no field trips, no water activities, and no transportation provided by Sunrise Montessori. 4) ***My child has been examined within the past year by a health care professional and is able to participate in our school program. Within 30 days of admission, I will obtain a health care professional's signed statement called a Well Check Form and will submit it to Sunrise Montessori.***