**APPLICATION FORM**

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| Desired Enrollment Date: |  |   |
| **CHILD’S INFORMATION** |
| Child’s Name: | **date:** |
| Home Address:  | **Birth date:** | **Age** | **Gender** |
| City:  | State: | Zip: | / / |  | ❑ M ❑ F |
| Home Phone: |  |  **Race:**  |  |
| **PARENT/GUARDIAN INFORMATION (in case of emergency, contact first)** |
| Parent/Guardian’s Name: | Primary Language at Home:Second Language at Home: |
| Relation to Child: | Home Phone: |
| Home Address:  | Cell Phone: |
| City:  | State: | Zip: | Email: |
| Employer: | Work Phone: |
| Address: | Work Hours: |
| **OTHER PARENT/GUARDIAN INFORMATION** |
| Parent/Guardian’s Name: | Primary Language at Home:Second Language at Home: |
| Relation to Child: | Home Phone: |
| Home Address:  | Cell Phone: |
| City:  | State: | Zip: | Email: |
| Employer: | Work Phone: |
| Address: | Work Hours: |
| **SERVICE AGREEMENT** |
| I wish to enroll my child(ren) at Children’s House of Montessori on Camp for the following program: |
| **Program**  | **Hours Per Day** | **Extra Hours (select up to 3)** | Tuition |
| **Preschool****(3-5 years old)** | **Circle One: 9am-12pm 9am-4pm** | **7-8am 8-9am 4-5pm 5-6pm** |  |
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| **EMERGENCY CONTACTS & PICK UP AUTHORIZATION FORM** |
| EMERGENCY CONTACTS |
| Please list, in order to be contacted, individuals to be contacted in an emergency/non-emergency, if you cannot be reached. Please note that persons listed as “Emergency Contacts” are automatically authorized to pick up your child from the program**. We require at least 3 emergency contacts listed for your child.**   |
| **Name:**  | Home Phone: |
| Relation to Child: | Work Phone: |
| Address:  | Cell#: |
| **Name:**  | Home Phone: |
| Relation to Child: | Work Phone: |
| Address:  | Cell#: |
| **Name:**  | Home Phone: |
| Relation to Child: | Work Phone: |
| Address:  | Cell#: |
| ADDITIONAL EMERGENCY PICK-UPS  |
| Please list below additional individuals who are authorized to pick up your child from the program. (Optional) |
| **Name:**  | Home Phone: |
| Relation to Child: | Work Phone: |
| Address:  | Cell#: |
| **Name:**  | Home Phone: |
| Relation to Child: | Work Phone: |
| Address:  | Cell#: |
| **Please note any special instructions regarding individuals listed:** |
| \* Parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. A license or other positive proof of identification must be shown at pick up. If you wish to change, add, or delete any of these authorizations, you must do so in writing. |
| PARENT AGREEMENT |
| Initial | Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police. This is for the child’s safety. |
| **I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE** |
| **Parent/Guardian Printed Name:** | **Date:** |
| **Parent/Guardian Signature:** |
| **Parent/Guardian Printed Name:** | **Date:** |
| **Parent/Guardian Signature:** |
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| **MEDICAL INFORMATION & AUTHORIZATION FORM** |
| INSURANCE INFORMATION |
| Child’s Name: | Date of Birth: |
| Medical Insurance Company:  | Policy #: |
| Other Coverage (Including Dental): |
| Child’s Physician:  | Phone #: |
| Address:  |
| Child’s Dentist | Phone #: |
| Address: |
| MEDICAL HISTORY |
| *Please write “NONE” if there are none.* |
| **Allergies** | **Reactions** | **Treatments** |
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| Special Disabilities/Needs/Chronic Health Conditions: |
| Current Medications: |
| Emergency Medical/Dietary Information/Religious Restrictions: |
| Behavioral Issues: |
| Other Health Concerns: |
| MEDICAL TREATMENT CONSENT |
| I hereby authorize the staff of Children’s House of Montessori on Camp to give First Aid and CPR to my child as needed. I understand that the staff is trained in the basics of First Aid and CPR. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility or to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately. Any expenses incurred will be the responsibility of the parent/guardian.  |
| Initial | I certify that a licensed physician has examined my child in the last 12 months and I have provided the proper documentation, clearly stating date of physical & immunization records. |
| **I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS AS STATED ABOVE** |
| **Parent/Guardian Printed Name:** | **Date:** |
| **Parent/Guardian Signature:** |
| **Parent/Guardian Printed Name:** | **Date:** |
| **Parent/Guardian Signature:** |
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| **AUTHORIZATION & CONSENT FORM** |
| **PROMOTIONAL RELEASE** |
| I hereby grant consent and authorize the use of photographs, slides, videotape, and film of my child participating in Children’s House of Montessori on Camp activities for commercial and art purposes in any medium of advertising, communication, publication, or publicity that will promote the programs and services, and/or recognition of participants.  |
| **Parent/Guardian Printed Name:** |
| **Parent/Guardian Signature:** |
| **SUPPORT STAFF CONSENT** |
| Children’s House of Montessori on Camp Programs have support staff such as dental consultant, social services consultant, education consultant and nurse consultant. I give permission for these consultants to interact with children when deemed necessary by the program. These consultants are mandated by the Office of Early Childhood and available to parents and staff within the program. |
| **Parent/Guardian Printed Name:** |
| **Parent/Guardian Signature:** |
| FACILITY USES |
| I grant permission for my child to use all of the play equipment and participate in all of the activities of the program with the exception of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  |
| **Parent/Guardian Printed Name:** |
| **Parent/Guardian Signature:** |
| **PARENT AGREEMENT** |
| Initial | I understand the Children’s House of Montessori on Camp staff and volunteers are not allowed to baby-sit or transport children at any time outside of the program.  |
| Initial | I understand that Children’s House of Montessori on Camp is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. |
| Initial  | Children’s House of Montessori on Camp staff has specifically discussed the behavior management techniques that are used in the program.  |
| **I HAVE RECEIVED AND READ THE PARENT HANDBOOK AND CONFIRM THAT ALL INFORMATION GIVEN IS CORRECT. I UNDERSTAND THAT CHILDREN’S HOUSE OF MONTESSORI ON CAMP SHALL NOT BE HELD RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.** |
| **Parent/Guardian Printed Name:** | **Date:** |
| **Parent/Guardian Signature:** |
| **Parent/Guardian Printed Name:** | **Date:** |
| **Parent/Guardian Signature:** |  |