



# North Richland Hills Montessori

## Discovering the Gems Within

8725 N. Tarrant Parkway, North Richland Hills, TX 76182 ■ Tel: 817-281-9992 ■ Fax: 817-281-0989 ■ [www.nrhmontessori.com](http://www.nrhmontessori.com) ■ Email: [info@nrhmontessori.com](mailto:info@nrhmontessori.com)

### CHILD ENROLLMENT FORMS

Child's Name: \_\_\_\_\_ (Nickname: \_\_\_\_\_)

Program: \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Siblings (list name, age, grade and school)** \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_ Does your child have any medical conditions? \_\_\_\_\_

List any allergies: \_\_\_\_\_

Has anyone other than you (parents) cared for your child? If YES, who provided care and where?  
\_\_\_\_\_

Any comments that will help us better understand your child:  
\_\_\_\_\_

What do you expect from a Montessori Environment?  
\_\_\_\_\_

#### MOTHER'S INFORMATION

#### FATHER'S INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_

Driver's License #: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_



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### AUTHORIZATION FOR RELEASE

School is authorized to release the child to the following Individuals other than the parents:

#### INDIVIDUAL 1

#### INDIVIDUAL 2

Name:	_____	_____
Driver's License #:	_____	_____
Address:	_____	_____
Phone Number:	_____	_____
Relation to Child	_____	_____

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### UNIFORM POLICY

All students wear uniforms daily at our school except on scheduled and non-uniform days. Parents are requested to cooperate and help us enforce the school Uniform Policy.

**GIRLS:** Navy blue pants/shorts/skirt; yellow, pink or light blue polo shirt; white/navy socks, closed-toe shoes with rubber soles, quiet shoes (leather soled soft pull on slippers).  
Winter wear – navy blue sweat pants and sweatshirt/ navy blue cardigan

**BOYS:** Navy blue pants/shorts; yellow, light blue or pink polo shirt; white/navy socks; closed-toe shoes with rubber soles; quiet shoes (leather soled soft pull on slippers)

Winter wear – navy blue sweat pants and sweatshirt/ navy blue cardigan

### LUNCH/SNACK POLICY

I hereby acknowledge that if I choose to provide my child's lunch and/or snacks from home, NRH Montessori is not responsible for its nutritional value or for meeting my child's daily food needs.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND TRANSPORT INFORMATION

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Number \_\_\_\_\_

List of people other than parents who need to be notified in case of emergency.

#### INDIVIDUAL 1

#### INDIVIDUAL 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

#### MEDICAL INFORMATION

Physician's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Complete Address \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Name of Insured \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Member # \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital (if Any) \_\_\_\_\_

Medical Alert \_\_\_\_\_ Medical Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_

Please list any on-going medications that are taken by your child at this time: \_\_\_\_\_



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Describe all physical conditions or illnesses which could affect the child's participation in the programs or medically diagnosed conditions which prohibit participation in normal day care activities (diabetes, epilepsy, insufficient blood coagulation, etc): If this relates to you: Please attach any additional information/instructions, that will aid us in taking care of your child

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## EMERGENCY MEDICAL TREATMENT AND TRANSPORT CONSENT

(MUST BE NOTARIZED)

I hereby give North Richland Hills Montessori permission to provide first aid care as deemed necessary for my child, \_\_\_\_\_ in the event I/we cannot be reached. I hereby authorize North Richland Hills Montessori/emergency units to transport my child to the emergency room of a local hospital or hospital required by the local mobile emergency units. I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which the physician deems necessary (including anesthesia). I have my insurance on file with the school. I agree to accept financial responsibility for all medical expenses incurred.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Texas, County of \_\_\_\_\_

Before me, \_\_\_\_\_), on this day personally appeared

\_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_ or through

(description of identity card or other document \_\_\_\_\_) to be the person

whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, (year).

APPLY SEAL

Notary Public's Signature \_\_\_\_\_



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## CERTIFICATE OF HEALTH

- One of the following 2 must be presented when your child is admitted into North Richland Hills Montessori:

\_\_\_\_\_ 1. Health Care Professional Statement signed by the child’s physician such as: I have examined the above named child within the past year and find that s/he is physically able to take part in the educational pre-school program (a copy of this statement needs to be signed by the child’s physician and placed in the child’s school file). Dated copy should be no less than 1 year from the admission date.

\_\_\_\_\_ 2. A record of an appointment that has been set within 2 months of admission into North Richland Hills Montessori for the expressed purpose of obtaining a wellness physical for the child’s entering an educational school setting. A copy of the results should be on file in the child’s school record no less that 1 month after the doctor’s appointment.

- Hearing and Vision Screening

\_\_\_\_\_ A copy of the above mentioned child’s vision and hearing screening test needs to be provided upon entering North Richland Hills Montessori for any child 4 years of age or older.

- A copy of the child’s IMMUNIZATION record is required upon admission.

## PERMISSIONS

- Permission is given for my child to participate all program activities including the use of outdoor and indoor equipment.
- Permission is given for photographs and videotapes for any and all purposes, which may include promotional/advertising and publicity purposes, without compensation e.g. school web site, school scrapbook, and classroom videos etc.
- My child (has/ has not) my permission to participate in water activities planned by North Richland Hills Montessori. I understand that at least two adults will be in continuous supervision and that safety rule will be enforced.

Parent’s or Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I acknowledge that I have read and understood all terms and agreements listed here. I also acknowledge that the information I provided herein is true and accurate.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date