

North Richland Hills Montessori

Child Information

Child's Name (First, Middle Initial, Last): _____

Birthdate: _____ Age: _____ Gender: _____ Nickname: _____

Home Address: _____ City: _____

Zip Code: _____ Primary Language: _____

Is your child toilet trained? _____

Please list any allergies and reactions, *if severe; a FARE form will be required.* (if none, please write none): _____

Primary Contact and Release:

Parent/Guardian #1: _____ Relationship to Child: _____

Primary Phone #: _____ Email Address: _____

Home Address: _____ City: _____ Zip Code: _____

Employer: _____ Work Phone #: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Primary Phone #: _____ Email Address: _____

Home Address: _____ City: _____ Zip Code: _____

Employer: _____ Work Phone #: _____

Parent/Guardian Signature: _____

Date: _____

Office use only

Date of Enrollment: _____

Date of Departure: _____

Parent Update: _____

Parent Update: _____

Parent Update: _____

Parent Update: _____

Parent Update: _____

Parent Update: _____

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Emergency Contact & Release:

Please list the people you would like to have contacted if you cannot be reached in case of an emergency. We are mandated by state regulations to have at minimum one other contact besides the main guardians of the child. Please advise that any person picking up your child will be asked to show a photo ID until staff members become familiar with them. If you need a person not listed below to pick up your child, you must notify the school in advance with an email. We are unable to release any child without prior written authorization.

Mandatory:

Emergency Contact #1: _____ Relationship to Child: _____
 Phone Number: _____ DL State and #: _____
 Home Address: _____ City: _____ Zip Code: _____

Name #2: _____ Relationship to Child: _____
 Phone Number: _____ DL State and #: _____
 Home Address: _____ City: _____ Zip Code: _____

☐ Emergency Contact and Release

☐ Release Only

Name #3: _____ Relationship to Child: _____
 Phone Number: _____ DL State and #: _____
 Home Address: _____ City: _____ Zip Code: _____

☐ Emergency Contact and Release

☐ Release Only

Please do not share your personal code to the building with anybody else. A member of staff will let in anybody to pick up a child that does not have their own access and be asked to provide a government issued photo ID.

Parent Signature: _____ Date: _____

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Does your child have any of the following special care needs?

- | | |
|--|---|
| ◇ Environmental Allergies | ◇ Limitations or Restrictions of child's activities |
| ◇ Food Intolerances | ◇ Reasonable accommodations or modifications |
| ◇ Existing Illness | ◇ Adaptive Equipment (include instructions below) |
| ◇ Previous Serious illness | ◇ Symptoms or indications of complications |
| ◇ Injuries & Hospitalizations (past 12 months) | ◇ Medications prescribed for continuous long-term use |
| ◇ Other: _____ | ◇ Pre-Existing Medical Conditions |

Explain any special care needs checked above (if none, please write none): _____

Does your child have any food allergies? ☐ Yes ☐ No

If yes, what kind and what reaction? _____

Food Allergy Plan Submitted date: _____

Can your child swim without assistance? ☐ Yes ☐ No

If no, what assistance is needed? _____

Medical Information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ Zip Code: _____

Preferred Hospital for Emergency Care: _____

Address: _____ City: _____ Zip Code: _____

Health Insurance Provider: _____ Policy Number: _____

Please advise that a current shot record as well as a Health Statement from your pediatrician will be required before your child's first day. An updated shot record is required every time your child receives vaccines. At 4 years of age your child is required to have a hearing & vision screening with results provided to

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NEXT SECTION MUST BE NOTARIZED

Emergency Medical Treatment & Transport Consent:

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 Responders to transport my child to the emergency room of a local hospital or hospital required by the local EMS. 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 full financial responsibility for all medical expenses incurred.

Parent/Guardian's Signature: _____ Date: _____

State of Texas, County of _____

Before me, _____, on this day, personally appeared _____, known to me (or proved to me through government issued ID: _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ (month), _____, (year).

{

}

Notary Public's Signature: _____

Apply Seal

North Richland Hills Montessori

Permissions (please initial each):

_____ Permission is given for my child to participate in all program activities including the use of indoor and outdoor equipment.

_____ Permission is given for photographs and video recordings of my child to be used for internal school use, to include the ProCare app.

_____ My child has my permission to participate in water activities (*water table play & sprinkler play*) planned by North Richland Hills Montessori. I understand that at least two adults will be in continuous supervision and that safety rules will be enforced.

_____ I acknowledge that I have received a copy of the North Richland Hills Montessori Family Handbook and that I have read it and accept the policies and procedures contained therein.

_____ I agree to provide North Richland Hills the updated vaccination records at my child's well checks.

_____ I understand that I am responsible for supplying North Richland Hills Montessori with a copy of the results from my child's Hearing and Vision Screening at the age of 4 years.

_____ I acknowledge that I received a copy of the school's Discipline and Guidance Policy.

_____ Lunch/Snack Policy; I acknowledge that if I choose to provide my child's lunch and/or snacks from home, or plan to use the third party catering service, NRH Montessori is not responsible for its nutritional value or for meeting my child's daily food needs.

I understand and acknowledge that NRH Montessori is relying upon the information provided by me. I affirmatively represent that the information contained in this form is accurate. If I have failed to provide NRH Montessori with all of my child's relevant medical information necessary, I understand that my failure to provide this information will act as a release of liability against NRH Montessori for any and all injuries or illnesses suffered to my child while in the care of NRH Montessori. All information submitted on these enrollment forms is true to the best of my knowledge. No information has been knowingly omitted. I agree to notify the school immediately of any changes to my child's health.

Parent Signature: _____ Date: _____

Parent's Name: _____ Director's Signature: _____

Child Health Statement

Date_____

Child's Name_____

was last examined on_____

(examination must be within last 12 months)

and was found to be free of infections and
contagious diseases and physically able to participate
in an educational program.

For children 4 years of age and older, a vision and hearing screening
is also required. Results may be attached to this document and
must include child's name, date and type of screening, name of
screener and screening results.

Parent Signature

Physician Signature

Physician Name, Address and Phone Number