

# 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: \_\_\_\_\_

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

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

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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.

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Parent Signature

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Physician Signature

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Physician Name, Address and Phone Number