

# ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every January and July.

Picture

Parent Updates \_\_\_\_\_

(Signature) (Date)

Parent Updates \_\_\_\_\_

(Signature) (Date)

Parent Updates \_\_\_\_\_

(Signature) (Date)

School Code: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Date of Termination Status: \_\_\_\_\_

## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence:  Mother  Father  Both  Guardian \_\_\_\_\_

List the family members your child lives with—include names and ages of siblings: \_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

## PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian Signature:

X

Rev 1/2014



Date:

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# ENROLLMENT REGISTRATION INFORMATION

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

### Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Emergency Contact & Release  Release Only

### Optional:

Name #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Emergency Contact & Release  Release Only

### Optional:

Name #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Emergency Contact & Release  Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

Name of Child: \_\_\_\_\_

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Date: \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

### SECTION 1: TUITION AND FEES

\_\_\_\_\_**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$\_\_\_\_\_ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than \_\_\_\_\_ each year. I also understand that I am responsible for a non-refundable supply fee of \$\_\_\_\_\_.

\_\_\_\_\_**TUITION and MODIFICATIONS CONDITIONS:** \$\_\_\_\_\_ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices.

\_\_\_\_\_**PAYMENT OF TUITION:** I understand that tuition is due and payable, by the fifth day business day of each month. I understand that the tuition is based on a formula which spreads the school year tuition over the academic year calendar. I understand that there is no reduction in monthly tuition for months including holidays, sickness, vacations, and emergency closings.

\_\_\_\_\_**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.

\_\_\_\_\_**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from \_\_\_\_\_ am to \_\_\_\_\_ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

\_\_\_\_\_**ADDITIONAL FEES:** I understand that children enrolled in summer programs, children attending during scheduled school breaks, and children attending after-school programs may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. Please consult the Director for details.

\_\_\_\_\_**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

### SECTION 2: DAILY PROCEDURE

\_\_\_\_\_**DAILY PROCEDURE:** I agree to sign my child in and out every day using the school's attendance procedure (provided that I am not participating in the carline). If I am not in the carline and neglect to do so, I may be charged a maximum fee of \$5.00. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

\_\_\_\_\_**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

\_\_\_\_\_**MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

\_\_\_\_\_**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

\_\_\_\_\_**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_**WITHDRAWAL:** I understand that I must provide a thirty (30) day written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for thirty (30) days, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

Original—Remains in Packet      Yellow Copy—Parent

Name of Child: \_\_\_\_\_



Date: \_\_\_\_\_

Rev 1/2014

Parent/Guardian Initial \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

\_\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. School closings outside of this list may vary by location and are posted on the school calendar. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for any absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. I also understand that if I withdraw my child during a vacation or extended absence, my child's placement is not guaranteed and I will be required to pay a new non-refundable registration fee upon return.

\_\_\_\_\_ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

## SECTION 4: STATE LICENSING AND OUR POLICIES

\_\_\_\_\_ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

\_\_\_\_\_ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_\_ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

\_\_\_\_\_ **LIFEMART:** As an enrolled parent, you're eligible to receive discounts through LifeMart. LifeMart is a private online marketplace featuring deals and discounts from today's most popular brands. Please check here if you'd like to opt out of receiving an email regarding this program.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.**

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original—Remains in Packet      Yellow Copy—Parent

Name of Child: \_\_\_\_\_



Date: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## MEDICAL INFORMATION

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Emergency Contact (name and phone number)  
\_\_\_\_\_

### **AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR**

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

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

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

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_.

I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

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

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

**Appeared before me and produced** \_\_\_\_\_ **as identification. Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.**

### **AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS**

The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY**

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Child: \_\_\_\_\_

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Date: \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## CHILD PROFILE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?  
\_\_\_\_\_  
\_\_\_\_\_

2. What does your child enjoy doing the most?  
\_\_\_\_\_  
\_\_\_\_\_

3. What are your child's favorite toys?  
\_\_\_\_\_  
\_\_\_\_\_

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:  
ADULTS: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
CHILDREN: Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. Who also cares for your child(ren)? \_\_\_\_\_  
\_\_\_\_\_

6. What language is spoken in your home? \_\_\_\_\_

7. Does your child have any medical or physical needs? Explain:  
\_\_\_\_\_  
\_\_\_\_\_

8. Does your child have any allergies? Explain:  
\_\_\_\_\_  
\_\_\_\_\_

9. What are the foods your child likes best? \_\_\_\_\_  
Least? \_\_\_\_\_

10. What are your child's mealtime routines at home? \_\_\_\_\_  
\_\_\_\_\_

11. How many hours of sleep does your child receive at night? \_\_\_\_\_

12. Does your child need to be awakened in the morning to attend the school? \_\_\_\_\_

13. What are your child's sleeping arrangements? Check appropriate answer.  
 Own room  Shares room with \_\_\_\_\_  Sleeps in crib  Sleeps in bed

14. What are your child's bedtime rituals? \_\_\_\_\_  
\_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

15. Does your child take naps?  Yes  No      How long? \_\_\_\_\_
16. Does your child need a favorite item (such as a blanket) for a nap?  Yes  No  
If so, does your child have a special name for it? \_\_\_\_\_
17. What words are spoken in your house for toileting? \_\_\_\_\_
18. How does your child express anger or react to frustration? \_\_\_\_\_
19. Does your child have any particular fears? \_\_\_\_\_
20. How does your child react to change (such as being left by parents)? \_\_\_\_\_  
\_\_\_\_\_
21. How does your child comfort himself/herself? \_\_\_\_\_
22. What are your child's play interests (preference for creative, dramatic or construction play)? \_\_\_\_\_  
\_\_\_\_\_
23. How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_
24. When did your child begin to use language? \_\_\_\_\_
25. How would you describe your child (personality characteristics)? \_\_\_\_\_  
\_\_\_\_\_
26. What do you enjoy the most about your child? \_\_\_\_\_
27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_  
\_\_\_\_\_
28. Has your child had previous preschool experiences? \_\_\_\_\_
29. Are you available to help us with field trips or other special events? \_\_\_\_\_
30. Do you have a special interest or hobby you would like to share with the children? \_\_\_\_\_
31. What family or cultural traditions are important in your home? \_\_\_\_\_  
Would you be willing to share these traditions with the children? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school: \_\_\_\_\_  
\_\_\_\_\_

2. Special Dietary Needs:

3. Is your child able to walk?  Yes  No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_

5. Is your child toilet trained?  Yes  No

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_  
\_\_\_\_\_

Allergies (please check and list all that apply)

Medications Reaction: \_\_\_\_\_

Food Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions:  
\_\_\_\_\_  
\_\_\_\_\_

***Per state regulations, a written statement is required for waiver of immunization requirements.***

Name of Child: \_\_\_\_\_



Date: \_\_\_\_\_



# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

### OBTAIN SIGNED FORMS FROM FAMILY

- Standard Enrollment Packet
- Permission form for after school pick-up, field trips & emergency care (including verification of age and weight)
- Authorization for Student Pickup
- Child Information Card
- Family Handbook
- Montessori Enrollment Agreement
- Other State or Federal required forms: \_\_\_\_\_

### REVIEW WITH FAMILY

- |  |  |
|--|--|
| <input type="checkbox"/> The child's first day   | <input type="checkbox"/> Annual registration fee                                     |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy)                     | <input type="checkbox"/> Late fees   |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates                                 | <input type="checkbox"/> Vacation policy   |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs   |
| <input type="checkbox"/> Process and Procedures of Security Access                                       | <input type="checkbox"/> Absenteeism policy  |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls                    | <input type="checkbox"/> Sick policy   |
| <input type="checkbox"/> Child Custody Documents ( <i>if applicable</i> )                                | <input type="checkbox"/> Meals   |
| <input type="checkbox"/> Clothing and other items to bring (labeled)                                     | <input type="checkbox"/> Allergies   |
| <input type="checkbox"/> Any pickup restrictions   | <input type="checkbox"/> Security deposit ( <i>if applicable</i> )                   |
| <input type="checkbox"/> Any field trip restrictions   | <input type="checkbox"/> Medication policy   |
| <input type="checkbox"/> Any photo restrictions  | <input type="checkbox"/> Relevant curriculum features for child's age group          |
| <input type="checkbox"/> Immunization/Health information   | <input type="checkbox"/> Infant/Toddler Needs Services Plan ( <i>if applicable</i> ) |
|  | <input type="checkbox"/> Review Disaster Plans                                       |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Montessori Unlimited's policies.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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