



ENROLLMENT AGREEMENT

Start Date _____

Full Time _____ Half Day _____

Full Name of Child _____ Gender _____

Child's Nickname _____ Date of Birth _____ Place of Birth _____

My Child will attend: Circle one 5 Days (M-F) 3 Days (M/W/F) 2 Days (Tue/Thurs)

Circle One: Young Toddler Pre-Primary Primary Kindergarten Before/After Care

If applicable, what elementary school does your child attend? _____

Father's Information:

Name: _____ Home Phone _____

Cell Phone _____ Work Phone _____

Home Address _____ City _____ Zip _____

Occupation _____ Company _____

Work Address _____ City _____ Zip _____

Email Address _____

Mother's Information:

Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Home Address _____ City _____ Zip _____

Occupation _____ Company _____

Work Address _____ City _____ Zip _____

Email Address _____

Person(s) or Agency Having Legal Custody of Child _____

Has your child attended any other preschools? __Yes __No Name of School _____

Why did you change schools _____



Sibling's Information:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Emergency Contacts:

I, _____, authorize the following people to pick up or drop off my child as well as to be contacted in the event of an emergency if the parents/guardians cannot be reached. **TWO** people must be listed and must live at separate addresses. This information must be filled out completely and kept updated when necessary.

Full Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Home Address _____

City _____ State/Zip _____ Relationship to Child _____

Full Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Home Address _____

City _____ State/Zip _____ Relationship to Child _____

Additional individual authorized to pick up my child (Optional):

Full Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Home Address _____

City _____ State/Zip _____ Relationship to Child _____

Any Person(s) NOT authorized to pick up my Child _____

Development and Advertising Agreement: During both the School Year and the Summer Session, South Riding Montessori Center (SRMC) may conduct advertising and development work in the school. Such work may include images and videos of parents and students attending SRMC, or participating in SRMC events. SRMC may, at its sole discretion, elect to use such images, videos, and photographs in advertising materials, websites, and other marketing materials. All parent, guardians and students, understand that by signing below, they relinquish any and all possible legal rights to hold South Riding Montessori Center., its staff, employees, and landlords liable in connection with use of such materials. Furthermore, all parties herein relinquish any ownership rights whatsoever, over aforementioned materials, likeness, and work product. Any claims of violation of privacy or the like, are also herein waived.

Parent Signature _____ **Date** _____



Child's Information:

Please advise if your child has any of the following:

1. Special physical conditions _____
2. Visual Impairments _____
3. Hearing Impairments _____
4. Allergies _____

If so, what is the plan of action _____

5. Mental, Emotional or Behavioral Concerns _____
6. Does your child have an IEP, IHP or Behavior Modification Program Yes No
If yes, please specify and provide for center records _____
7. Does your child take any medications regularly? Yes No
If yes, please list medications _____

8. Is your child potty trained Yes No
Does your child have any special toileting needs or use special words for toileting

9. Describe your child's level of speech _____

Please check if your child has had any of these communicable diseases

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____

Has your child been diagnosed with any chronic medical conditions?

Name of Doctor _____ Phone Number _____

Name of Dentist _____ Phone Number _____

Additional Information about your child

1. What are you goals for your child this year _____

2. What experience has your child had interacting with other children _____

3. What age children is your child most comfortable with _____
4. Is there anything else you would like us to know about your child _____

5. What are some of your child's favorite activities at home _____



- 6. What are some of your child's favorite rhymes/songs _____

- 7. Child's dislikes or fears _____
- 8. In what ways would you like us to help your child this year _____

HOW DID YOU FIND US:

___ Online ___ Facebook ___ Referred by friend, Name of friend: _____

AGREEMENTS

Please read and initial the following agreements.

- 1. _____ The child day center agrees to notify the parent(s)/guardian(s) whenever the child child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Center.**
- 2. _____ The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
- 3. _____ The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his or her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

By signing below, I attest that all the information on this agreement is true to the best of my knowledge and that any and all changed to this information will be reported to the center administrators immediately.

Signatures:

_____ Date _____
Mother or Guardian(s)

_____ Date _____
Father or Guardian(s)

_____ Date _____
Administrator of Center

Date Child Entered Care _____ Date Left Care _____

**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection

Identification Verification (Office Use Only)

Birth Certificate Number _____ Birth Date _____ Place of Birth _____

Date Issued _____ Other Form of Proof _____ Verified By _____