

Release & Emergency Contact Information

To be completed & placed on file prior to enrollment. (Please answer all questions.)

1. Please list the best numbers to reach you during your child's school day:

Parent /Guardian Name 1	Call 1 st - (home / cell / work)	Call 2 nd - (home / cell / work)	Call 3 rd - (home / cell / work)
Parent / Guardian Name 2	Call 1 st - (home / cell / work)	Call 2 nd - (home / cell / work)	Call 3 rd - (home / cell / work)

2. Please list some *other individuals* that we may contact if a need arises and a Parent/Guardian cannot be reached. We will call in the order that they are listed. **Please check at least one or all that apply for each individual*.**

#	Contact Name	Phone # 1	Phone # 2	Phone # 3	Relation to Child	* C	* P	* E
1								
2								
3								
4								
5								
6								
7								
8								

C = CARPOOL: Individual(s) that has/have your permission to notify us and pick up your child from school, without AMS seeking further approval from you.

P = Pick-up: Individual(s) that may be asked to pick up your child **if you cannot be reached** in the event of a weather or medical emergency, or sudden onset of illness.

E = Emergency: Individual(s) you would like us to contact in the event of a medical emergency and you cannot be reached. This person doesn't necessarily have to be local or available for pick-up. This should be someone you trust to advise us on your behalf, if necessary.

Child's Name: _____

2012-2013 - New Student

3. Please give us the name and phone number of your child's physician & dentist:

Physician Name: _____ Phone #: _____

Dentist: _____ Phone #: _____

4. Does your child have any known allergies? No Yes (If yes, please explain below.)

5. Does your child have any chronic illnesses, or take any medications? No Yes (If yes, please explain.)

6. Please provide your child's insurance information here, or provide us with a copy of your insurance card.

Company Name: _____ Subscriber Name: _____

Policy #: _____ Group #: _____ Phone #: _____

7. I agree that the staff of the Montessori School of Asheville, Inc. (dba Asheville Montessori School), may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician and/or dentist can be contacted immediately. Unless otherwise noted, we will assume that the Memorial Mission ER is your urgent care preference.

Signature of Parent/Guardian

Date

8. I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provision will be made for adequate and appropriate rest and outdoor play.

Signature of AMS Authorized personnel

Date

Document Verification for Enrollment

1. I have received, read, discussed with AMS staff, and understand each of the following documents posted on the AMS website (www.ashevillermontessorischool.com), and will seek to enhance my child's education by following those policies while he/she is enrolled in the school:
 1. NC Child Care Laws & Rules
 2. NC's Standard Policy on Discipline and Behavior Management
 3. AMS Code of Conduct
 4. Asheville Montessori School Release Plan for Children
2. I have thoroughly completed the **Release & Emergency Contact Information** form, and returned it to the AMS office.
3. I have completed the **New Student Questionnaire** as thoroughly as possible.
4. I understand that the **Children's Medical Report** must be completed and signed by a licensed physician or certified nurse practitioner **before being admitted, or within 30 days following admission**.ⁱ If I have not already done so, **I agree to have this assessment completed and returned to AMS by: _____.**
5. I understand that my child must have a **CURRENT record of immunization on file**, or a signed religious exemption form, before being admitted, or **within 30 days of enrollment**.ⁱⁱ If I have not already done so, **I agree to have this record up-to-date, and returned to AMS by _____.**
6. I understand it is my responsibility to update my child's immunization record with the AMS office each time my child receives an immunization.
7. **If my child has allergies, I have explained them in writing** on the Release & Emergency Contact Information form. **If my child's allergies are severe:**
 - I have completed an **Food Allergy Action Plan**, and have discussed it with my child's teacher.
 - I have given my child's teacher a **current epi-pen** (within the expiration date) **or other medication with instructions** to keep in the classroom for emergency use.

8. AMS Car Seat Policy & Waiver (Read & Initial)

I acknowledge that the staff members of Asheville Montessori School have not been trained as car seat technicians. I further acknowledge that by signing below, I am giving my consent and waiver of liability to AMS, so that they may assist me by placing my child in the seat and buckling it. I further acknowledge that I take all responsibility that my child is placed in the appropriate car seat and safely secured before I leave facility.

_____ Initials

9. **Please choose** your preferred method to receive monthly invoices & statements and other financial information:

- Please send **via EMAIL**, to this address: _____
- Do not send via email. I would like to receive hard copies **via US mail**.

9. **Please check one:**

- I prefer that my child **does not** appear in any publication or media coverage.
- I give permission for Asheville Montessori School to use any photographs or video tapes of my child taken at school in various publications, including but not limited to brochures, web pages, or news media coverage.

10. **PAPERLESS NEWSLETTER OPTION:** Our weekly newsletters contain IMPORTANT information about classroom/school events and activities. This weekly newsletter will be emailed to you, and a paper copy will be sent home in your child's folder. Other important items & information will still be sent home in your child's folder, as necessary. If you would like to opt out of receiving the hard copy of the newsletter, and feel that you can stay connected by reading the emailed version, **please check here to receive E-News (email) ONLY _____.**

I **verify** that I have reviewed this document carefully, and agree to all statements in sections 1-7. I have thoroughly read and understand all policies and procedures as described in the associated documents, and have had the opportunity to discuss them with the Director. I have answered all questions thoroughly and accurately. I understand that these forms are necessary for my child's continued enrollment, and I agree to all policies and procedures as they are stated.

Parent / Guardian SIGNATURE*
(*should be the same individual who signed the application)

Signature Date

ⁱ (N.C.G.S. 110-91.1) The assessment must be completed and signed by one of the following: a licensed physician, the physician's authorized agent who is currently approved by the NC Medical Board, or comparable certifying board in any state contiguous to NC, a certified nurse practitioner, a public health nurse meeting the Department's Standards for Early Periodic Screening, Diagnosis, and Treatment Program.

ⁱⁱ NC state law doesn't accept religious exemptions for individual immunizations or for specific doses of a particular immunization. In other words, the state demands that every child's immunization record be on file, and remain up-to-date for their age. The only exception to this rule is for those families who choose not to vaccinate for religious beliefs, and sign the religious exemption form. Please understand that each child must have either a signed religious exemption form, OR an up-to-date immunization record on file within 30 days of enrollment, but we CANNOT accept both.

Child's Name: _____

New Student Questionnaire - 2012 -2013

1. What are your hopes/goals for your child's Montessori School Year?

....educationally?

.....socially?

.....self-help skills

2. Please describe your child...

...likes?

...dislikes?

...fears?

...strengths?

...challenges?

3. Please describe some activities you and your child enjoy doing together.

4. What is your philosophy of behavior management?

5. Do both parents share the same philosophy? (Please explain.)

6. I know _____ about Montessori education (Circle one)

a. nothing b. little c. some d. a lot

7. Please complete. "I chose Montessori education for my child because....."

8. How did you hear about Asheville Montessori School?

Entry Level Skills

We have the following entry level skills to help the new child be successful in the classroom. Your child needs to be able to accomplish these as he/she enters (or within the first few weeks.)

Please check each one as it applies to your child.

- 1. My child can follow one direction the first time it is given.
- 2. My child can sit for 3 min. quietly and listen to a story without interrupting those around him/her with actions or words.
- 3. My child chooses his/her own work independently.
- 4. My child uses words to get needs met - must be verbal enough to tell teacher when s/he is hurt, hungry, tired, etc.
- 5. My child uses kind words and touches with friends.
- 6. My child keeps things out of his/her mouth.
- 7. My child is comfortable leaving pacifier, blanket, toys, dolls, etc. at home or in the car.
- 8. My child is comfortable separating from his/her parents (Parent is ready to encourage them to be independent.)

Special Note Concerning Potty Training: My child uses the toilet on suggestion (each time) and tries to pull up his/her own pants - **not training pants/Pull-Ups, etc.**
(Please note: We cannot accept children who are not potty trained.)

(Please Initial) _____

I understand that if my child is unable to accomplish these entry level skills after a reasonable amount of time in school, he/she may be un-enrolled from school by the Director after consulting with the teacher. At such time these skills are accomplished the student may be re-enrolled as space allows. Please note that under these circumstances, all prepays (Registration fee, Deposit, & Field Trip) will not be refunded but can be applied if child is re-enrolled.

(Child's Name)

(Parents Printed Name)

(Parents Signature)

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, for what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No Yes

Diabetes? No Yes Convulsions? No Yes Heart trouble? No Yes

If others, what/when? _____

6. Does the child have any mental or physical disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____ Date _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program. Height _____% Weight _____%

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____

Ext _____ Neurological System _____ Skin _____

Results of Tuberculin Test, if given: Type _____ date _____ Normal ___ Abnormal _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

_____ Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

☆ **DON'T FORGET!** We need a copy of your child's **full immunization record** to keep in your child's file!
Please ask your child's physician for an up-to-date copy for our records, if you haven't already done so!