

CYPRESSWOOD MONTESSORI SCHOOL
PARENT ACKNOWLEDGEMENT FORM

Child's Name _____ DOB: _____ Date: _____

I understand that these policies describe important information regarding Cypresswood Montessori School. If at any time I have questions regarding these policies, I should consult a member of the administrative team. My relationship with the Cypresswood Montessori School is voluntarily entered into and is subject to termination by me or the school at will, with or without cause, at any time that either the school or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I acknowledge that I have received, read and understand the policies contained in the parent handbook. I further agree to comply with these policies.

Parent's Signature

Parent's Signature

I have read the menu for both Snacks and Lunches and my child

Is allergic to _____

Is not allergic to anything: _____

Parent's Signature

Parent's Signature

I authorize the school staff to dispense Fever Reducing medicine to my child (**provided by parent**) if needed and after notifying the parent. In case the school cannot reach the parent, the medication will be dispensed under this authorization.

Parent's Signature

Date

Parent's Signature

Date

Received by administration staff:

Name

Date

CYPRESSWOOD MONTESSORI SCHOOL
CHILD INFORMATION

Child's Name: _____ Age: _____ Date of Birth _____
Child's Name: _____ Age: _____ Date of Birth _____
Child's Name: _____ Age: _____ Date of Birth _____
Child's Name: _____ Age: _____ Date of Birth _____

Father's Name _____ **DL#** _____
Address _____ City _____ Zip _____
Employed By _____ City _____ Zip _____
Home Phone # _____ Work Phone # _____
Cell Phone # _____ Email Address _____

Mother's Name _____ **DL#** _____
Address _____ City _____ Zip _____
Employed By _____ City _____ Zip _____
Home Phone # _____ Work Phone # _____
Cell Phone # _____ Email Address _____

Person to contact in case of emergency _____
Address _____ City _____ Zip _____
Home Phone # _____ Work Phone # _____
Cell Phone # _____ Relationship to child _____

Person to contact in case of emergency _____
Address _____ City _____ Zip _____
Home Phone # _____ Work Phone # _____
Cell Phone # _____ Relationship to child _____

Person to contact in case of emergency _____
Address _____ City _____ Zip _____
Home Phone # _____ Work Phone # _____
Cell Phone # _____ Relationship to child _____

ATTENTION: PLEASE MAKE SURE THE EMERGENCY CONTACT INDIVIDUALS ARE ALSO LISTED ON THE PICK-UP PERMISSION FORM.

CYPRESSWOOD MONTESSORI SCHOOL
CLASSROOM/DATABASE INFORMATION

Child's Name: _____

DOB: _____

Mother's Name: _____

Father's Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Parents are: Married Divorced Separated Remarried

Please give instructions regarding your arrangements as they effect the child while at Cypresswood Montessori.

Please provide siblings' names and ages

1 _____

2 _____

3 _____

4 _____

Is the child adopted? Y N If so at what age? _____

If so, has he/she been informed about his/her adoption? Y N

How would you describe your child's normal disposition? _____

Does he/she have any specific fears or phobias? If so please describe them. _____

What means of discipline do you find most effective? _____

Describe the experience your child has had playing with other children. _____

Whom can we thank you for referring you to Cypresswood Montessori? _____

**CYPRESSWOOD MONTESSORI SCHOOL
PICK-UP PERMISSION & EMERGENCY CONTACT FORM**

Name of child: _____

I hereby give permission for my child to leave the school with the following persons named below. It is the responsibility of the parents to notify the school, in writing, of any change. (Even Mother and Father's name need to be listed!)

<u>Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Home/Cell Phone</u>	<u>Work Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there is a separation or divorce custody problem of which Cypresswood Montessori should be aware, please explain. (attach custody documentation if necessary)

Names of persons who the school can contact in case of an emergency:

<u>Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Home/Cell Phone</u>	<u>Work Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of persons who may not pick up the child:

Parent's Signature _____ Date _____

**CYPRESSWOOD MONTESSORI SCHOOL
CHILD'S PROFILE**

Personality Profile:

Is the child adopted? Y N At what age?__ Has he/she been told about the adoption? Y N
How would you describe your child's normal disposition? _____

Does he/she have any specific fears or phobias? If so please describe them. _____

What means of discipline do you find most effective? _____

Describe the experience your child has had playing with other children. _____

What Language(s) is spoken at home: _____

By Nature, is your child friendly? _____ Shy? _____ Aggressive? _____ Other: _____

What frustrates your child, or makes them angry? _____

What is the best way to communicate with your child? _____

Who does most of the disciplining in your household? _____

How do you comfort your child? _____

Has your child had a frightening experience with? Animals? _____ Loud Noises? _____ The Dark? _____ Other: _____

Is there anything out-of-the-ordinary that might help us in understanding and working with your child more effectively?
(i.e. new baby, divorce, death, new step-parent, etc.) _____

Has your child ever attend a Childcare Center? Y N How Long? _____ Where? _____

What areas or special attention you would like us to focus on this year? _____

Is there any fear that we should know about? _____

Does your child ever play outside? _____ If yes, for how long each day? _____

Health/Physical Profile

Known Allergies _____

Regular or Necessary Medication _____

Physical Disabilities or Limitations _____

Any other Health Problems the Center should be aware of _____

Developmental Profile

Toilet Habits _____

Is your child Potty Trained? Yes No if No does he/she use? Diapers: _____ Pull ups: _____

If yes what age was your child potty trained _____

Can we depend on your child to tell us when they need to go to the bathroom? _____

Any special words your child may use _____

Sleeping Habits

Special Naptime Instructions? _____

Normal Bedtime _____ Awaken? _____ Nap? _____ Length _____ Bedtime Buddy _____

Special Sleeping Routine (song, story, etc.) _____

Emergency Contact and Medical Information for a Child

Child's Name _____ Date of Birth _____ M F
Sex

Parent /Guardian Name _____ Parent /Guardian Name _____
() () () ()
Home Phone Work Phone Home Phone Work Phone

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Alternative Emergency Contacts

Primary Emergency Contact _____ Secondary Emergency Contact _____
() () () ()
Home Phone Work Phone Home Phone Work Phone

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Dentists Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent /Guardian Signature _____

Date _____

**CYPRESSWOOD MONTESSORI SCHOOL
EMERGENCY MEDICAL/DENTAL CONSENT FORM**

I, _____ (Mother, Father or Guardian) of _____, age _____, do hereby give my permission and such emergency medical or dental care and/or treatment as my above named child might require while under Cypresswood Montessori school's supervision. The school's team members may take steps including any or all of the following if they believe an emergency situation exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician or dentist.

In the case of emergency, every effort will be made to notify parents and to contact the child's physician or dentist immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the nearest hospital or to the child's physician or parent. I agree to pay all of the costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

The following will be called in case of an emergency:

Child's physician:

Name _____

Address _____ Phone _____

Child's dentist:

Name _____

Address _____ Phone _____

Child's Hospital:

Name _____

Address _____ Phone _____

Mother/Guardian's Name _____ Phone _____

Father/Guardian's Name _____ Phone _____

Relatives or friends who may be contacted for assistance or information in case of emergency. (Should also be listed on the pick-up permission form)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Carrier: _____

Allergies, medication, or other conditions pertinent to emergency care: _____

Other Medical Conditions: _____

Parent's Signature: _____ Date: _____

**CYPRESSWOOD MONTESSORI SCHOOL
PHOTO RELEASE FORM**

I understand that Cypresswood Montessori School offers school pictures two times a year, in the spring and fall. I further understand that I am under no obligation to purchase the photos that are taken of my child or pictures that my child may be in.

I also understand that Cypresswood Montessori School may take pictures of the children playing from time to time for use on their cubbies or for use with a project. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I realize that photos may be displayed in the room from time to time and could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that particular picture might be sent home with the other child to show their parent what they are doing.

I agree to give permission for Cypresswood Montessori School to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's classroom, or the school's bulletin boards, or to be used as mentioned above. I further agree to allow the school to use these photographs or video images in limited promotional or training applications or school's website and face book page.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____



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281-370-6100

Cypresswood Montessori School

MEDICAL FORM

THESE RECORDS MUST BE SIGNED BY YOUR DOCTOR

Child's name _____

Date of Birth _____

CERTIFICATE OF HEALTH

This is to certify that _____ is free of any contagious or infectious diseases, and I consider it safe for this child to attend a school program. This child has been examined within the past year and is physically able to participate in all school activities.

Physician's Signature / Stamp _____

Date _____

Physician's name (print) _____

Tel #: _____

Physician's address _____

For 2 years and under:

Doctor's Authorization is required for under 2 yr old for the dosage of over the counter fever reducing medication.

Designated Amount _____

Physician's Signature/Stamp _____

Date _____

IMMUNIZATION RECORD

PLEASE ATTACH A SIGNED COPY OF YOUR CHILD'S IMMUNIZATION SHOT and remember to keep the school informed of updated shots.

4 year-olds and above are required to have a **Hearing and Vision Screening:**

Parents have a choice to get this done by the

Primary Physician: _____ or at School: _____

You will be contacted by the school when it is time and you can make your choice then. A copy of the screening results will be required from the Physician for the school's records.