

Operation Name Sunrise Montessori Preschool		Director's Name Sarah Kelly	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Child's Age on Date of Admission	Hours and days child will be in care (Full Day or Half Day?)	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers: parents/guardian may be reached while child will be in care:	Mother's Work Telephone No.	Father's Work Telephone No.	Cellular Telephone No.'s
Give the name, address and phone number of person to call in case of an emergency if parent cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following person(s). Please list name & telephone number for at least one person. Children will only be released to a person designated by the parent/guardian after verification of ID.			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<hr/> Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Family's email address: _____
 (Please write down the email address you want all school email correspondence to go to, including our weekly newsletter, thank you!)

 Signature – Parent or Legal Guardian

 Date

****PLEASE READ BEFORE SIGNING****

By signing above I acknowledge that: 1) All of the information is true and correct. I also understand that ***I have to fill out every box*** on this admission form as required by the Dept. of Protective and Family Services or it is considered incomplete. If there is a box I deliberately chose to leave blank, such as the "Other Telephone No.", I drew a line through it or wrote NA for "does not apply." 2) I understand that I am responsible for keeping my information updated and notifying Sunrise Montessori of changes. 3) I am aware that there are no field trips, no water activities, and no transportation provided by Sunrise Montessori. 4) **My child has been examined within the past year by a health care professional and is able to participate in our school program. Within 30 days of admission, I will obtain a health care professional's signed statement called a Well Check Form and will submit it to Sunrise Montessori.**