

# Escuela del Sol Montessori • Student Admission Record Summer 2010

Please print clearly on entire form

\_\_\_\_\_  
 Child's Name Preferred First Name Date of Birth Sex

\_\_\_\_\_  
 Home Address City State Zip Home Phone

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

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

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

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

\_\_\_\_\_  
 Phone #: Home Cell Work

\_\_\_\_\_  
 Phone #: Home Cell Work

email address: \_\_\_\_\_

email address: \_\_\_\_\_

**LOCAL Emergency contacts:** Names / addresses of 2 responsible adults who can be contacted if parent(s) or guardian(s) cannot be reached:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Relationship Day Phone (s)

\_\_\_\_\_  
 Relationship Day Phone (s)

**Name of family physician or medical facility to call in case of an emergency:**

\_\_\_\_\_  
 Name of Physician or Medical Facility Phone Number Preferred Hospital Insurance Plan

Allergies, medical conditions, particular needs or problems we should be aware of: \_\_\_\_\_

**Names of other people who have parent/guardian permission to pick up the above named child:**

\_\_\_\_\_  
 Name Day Phone

\_\_\_\_\_  
 Name Day Phone

\_\_\_\_\_  
 Relationship

\_\_\_\_\_  
 Relationship

**Consent (check one or both, sign and date):**

- State regulations require us to have written permission from parents to administer any over-the-counter drugs. The staff of Escuela del Sol Montessori, Inc. has my permission to administer a remedy such as "Caladryl" lotion or vinegar for mosquito and ant bites which my child may get.
  
- I hereby give my consent to Escuela del Sol Montessori to take my child on walking trips in the neighbourhood and special excursions to places of interest, with the understanding that such trips are under the supervision of authorized personnel of the school, and that all possible precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date