



Child Information

Name of Child (First, Middle, Last): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both

Primary Contact and Release Persons

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Mobile: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Mobile: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact Information

Please list the persons you would like contacted (order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. If you wish to have someone only pick up your child such as a baby sitter, we please ask you check off "release only". Photo Identification will be requested at pick up time for the safety of the children. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter).

Mandatory:

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

Permission and Notice

CHECK ALL THAT APPLY: I hereby give do not give – consent for my child to be transported and supervised by the operation’s employees:

1. TRANSPORTATION:

for emergency care on field trips to and from home to and from school

2. FIELD TRIPS: I hereby give do not give – my consent for my child to participate in Field Trips
Parent’s Comments:

Note: Field trips will be communicated in advance and not without notice

3. WATER ACTIVITIES: I hereby give do not give – my consent for my child to participate in Water Activities:

sprinkler play splash pads water table play

4. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

None Breakfast AM Snack Lunch PM Snack Supper Evening Snack

5. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

Mondays from: to:
 Tuesdays from: to:
 Wednesdays from: to:
 Thursdays from: to:
 Fridays from: to:

6. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

None Breakfast AM Snack Lunch PM Snack

7. RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.



Photo/Video Release Form

The Lycee Montessori School has my permission to use my or my child's photograph or video to publically to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to Lycee Montessori School by reason of such use.

_____ YES, I give permission for my child's photograph/video to promote the school

_____ NO, I do not give permission for my child's photograph/video to promote the school

Child's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Phone Number: _____



Health and Immunization Records

Child's Name: _____ Date of Birth: _____

Immunization

_____ I have provided immunization records

_____ Childs attends public school and his/her records are on file at _____

Admission Requirements (pleaser select one)

_____ My child has been examined by a registered healthcare physician and is able to attend a child care program. I will be able to provide a note or email verifying this statement to the child care program for records

_____ My child attends public/private school

_____ Doctor Signature – I verify that the child named above has been examined in the past year and he/she is physically able to partake in a child care program

Doctor's Signature

Date

Parent's Signature: _____

Date: _____

Medical Information

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR in the event of a medical issue requiring a physician's care, would you like us to call your family physician? Yes _____ No _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____

1. Medication that will be administered regularly at the school:

2. Special Dietary Needs:

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____. I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Texas.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Allergies to drugs, foods, other, and if so is it life threatening?:

Please list any special medications or pertinent information:

Child Profile

Name of Child: _____

Date: _____

Parent/Guardian Initials _____

Nobody knows your child like you do. You know the day to day activities and what your child is acquainted to. Please take the opportunity to help us develop your child to keep a consistent environment for them.

1. What would you like most for your child to experience with us? Has your child had any child care experience?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, names and ages of other children, nicknames, pets etc.

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

5. Who else cares for your child(ren)?

6. What language is spoken in your home?

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

9. What are the foods your child likes best? _____

Least? _____

10. What are your child's mealtime routines at home?

11. How many hours of sleep does your child receive at night?

12. Does your child need to be awakened in the morning to attend the school?

13. What is your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

14. What are your child's bedtime rituals?

15. Does your child take naps? Yes No How long? _____

16. How does your child express anger or react to frustration?

17. Does your child have any particular fears?

18. How does your child react to change (such as being left by parents)?

19. How does your child comfort himself/herself?

20. What are your child's play interests (preference for creative, dramatic or construction play)?

21. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?
