

# MONTESSORI EXPLORER CHILD ENROLLMENT CARD

ENROLLMENT DATE:

CHILD'S NAME (LAST, FIRST, M.I.)	NICKNAME	SEX	BIRTH DATE
			M                  D                  Y

PARENT/GUARDIAN(CLIENT)NAME(LAST, FIRST, M.I.)	HOME PHONE
	(                  )

PARENT/GUARDIAN STREET ADDRESS	CITY	STATE	ZIP
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<b>PRIMARY CLASSROOM</b> TIME OF ATTENDANCE <input type="checkbox"/> FULL DAY (8:30AM - 5:30PM) <input type="checkbox"/> HALF DAY (8:30AM - 12:30 * All 5 days attendance is required.)  <input type="checkbox"/> EARLY CARE (7:30AM - 8:30AM) OFFERED FOR PRIMARY & TODDLER AGE AT NO ADDITIONAL COST WITH PRIOR REGISTRATION FOR EARLY CARE.	<b>TODDLER AGE ONLY</b> TIME OF ATTENDANCE <input type="checkbox"/> FULL DAY (8:30AM - 3:30PM) <input type="checkbox"/> HALF DAY (8:30AM - 12:30PM) <input type="checkbox"/> FULL DAY (8:30AM - 5:30PM)
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ATTENDANCE IS REQUIRED FOR ALL 5 DAYS EITHER ON A FULL OR HALF DAY SCHEDULE.

**LUNCH**                   YES                   NO  
 LUNCH IS PROVIDED BY THE PARENT. SCHOOL PROVIDES 1 SNACK FOR HALF DAY. 2 SNACKS FOR FULL DAY CHILDREN.

FATHER/GUARDIAN SOCIAL SECURITY NO.	MOTHER/GUARDIAN SOCIAL SECURITY NO.
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FATHER/GUARDIAN DRIVER'S LICENSE NO/STATE ISSUED	MOTHER/GUARDIAN DRIVER'S LICENSE NO/STATE ISSUED
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CHILD'S LIVING ARRANGEMENTS	CHILD'S LEGAL GUARDIAN
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FATHER'S NAME	MOTHER'S NAME
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FATHER/GUARDIAN EMPLOYER NAME	WORK HOURS	BUSINESS PHONE NO.
		(                  )

STREET ADDRESS	CITY	ZIP
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MOTHER/GUARDIAN EMPLOYER NAME	WORK HOURS	BUSINESS PHONE NO.
		(                  )

STREET ADDRESS	CITY	ZIP
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<b>PERSONS TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIAN)</b>	NAME	RELATIONSHIP	DAYTIME PHONE NO.
			(                  )
	STREET ADDRESS		

<b>PERSONS TO PICK UP CHILD</b>	NAME	DRIVER'S LICENSE NO. & STATE	RELATIONSHIP	DAYTIME PHONE NO.
				(                  )
	STREET ADDRESS			

<b>PERSONS TO PICK UP CHILD</b>	NAME	DRIVER'S LICENSE NO. & STATE	RELATIONSHIP	DAYTIME PHONE NO.
				(                  )
	STREET ADDRESS			

<b>PERSONS TO PICK UP CHILD</b>	NAME	DRIVER'S LICENSE NO. & STATE	RELATIONSHIP	DAYTIME PHONE NO.
				(                  )
	STREET ADDRESS			

NAME OF PUBLIC OR PRIVATE SCHOOL CHILD ATTENDED PREVIOUSLY, IF ANY

\_\_\_\_\_

FIRST DATE OF ATTENDANCE \_\_\_\_\_ WITHDRAWAL DATE \_\_\_\_\_

**SPECIAL OR STATE INSTRUCTIONS AND /OR REQUIREMENTS:**

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**To Parents:**

**IN CASE OF INJURY**

If your child is injured at the Montessori Explorer, you may want to consult with your family physician to determine whether the nature of the injury requires medical attention, vaccination (against Hepatitis A, Hepatitis B, tetanus, or other infectious disease) or other care.

**INSURANCE INFORMATION**

If your child is injured while at Montessori Explorer and requires medical attention, your health insurance will be the primary source responsible for payment of the cost of treatment for your child.

**IF YOUR CHILD IS BITTEN**

Child development research indicates that approximately 50% of all children enrolled in child care will be bitten. Toddlers especially will often use biting as a form of communication. Montessori Explorer will strive to minimize biting accidents. However, it is highly likely that your child will be bitten at some time. If this should occur, We will do our best to comfort your child and care for his/her needs immediately. We will also inform the parents of the biter and work with them and their child to change this behavior.

**IF YOUR CHILD BITES ANOTHER CHILD**

Biting is very serious and is unacceptable. If your child bites, Montessori Explorer will work with you to develop a plan to correct the problem. However, if the biting is aggressive, breaks skin, does not lessen within a reasonable period of time, or diverts an inordinate amount of time of the provider away from the other children and program implementation, Montessori Explorer may have to temporarily dis-enroll your child until the biting diminishes.

**IMMUNIZATION OF CHILDREN**

Parents should make certain that their child is immunized pursuant to the schedule recommended by the American Academy of Pediatrics to protect against polio, measles, mumps, rubella (German measles), whooping cough (pertussis) diphtheria, tetanus, and Haemophilus (Hib) infections. Montessori Explorer supports the Academy's recommendations for Hepatitis B (HBV) immunization of infants and school age children 11-12 years old who have not previously received the vaccine, and the recommendation for chicken pox (varicella zoster) immunization. Without these immunizations, many of these childhood illnesses can cripple or kill. If your child's immunizations are not completed following the recommended schedule, Montessori Explorer may exclude your child for the protection of the other children until such immunizations are current.

**I have read and agree to abide by the above.**

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Parent Signature

/Date