Villa Montessori

Application for Admission

Are you a referral from one of our existing families? If so, please share their name so we can be sure to thank them and ensure that both of you receive your referral bonus!

We were referred by: _____

Child's Name: _____ Birth Date: _____

Enrollment (start date): _____ Gender: M ____ F____

FAMILY INFORMATION

Parent/Guardian #1 Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell#: _____ Cell Carrier: _____

Work#: _____ Occupation: _____

Place of Employment: _____

Email Address: _____

Parent/Guardian #2 Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell#: _____ Cell Carrier: _____

Work#: _____ Occupation: _____

Place of Employment: _____

Email Address: _____

Does your child have any medical or special education needs that we should be aware of? If yes, please list: _____

Actions to take in case of an emergency?: _____
_____

Does your child take any medications? Please list: _____
_____

Have there been any changes in your family or home life recently that have affected your child? _____

Please provide any additional information about your child that may assist us: _____

_____

_____

_____

ADDITIONAL PERSONS AUTHORIZED TO DROP OFF OR PICK UP YOUR CHILD

1. Name: _____

   Home Phone: _____ Cell: _____

   Driver's License: _____

2. Name: _____

   Home Phone: _____ Cell: _____

   Driver's License: _____

EMERGENCY CARE INFORMATION

Child's Doctor: _____Office Phone _____

Hospital Preference: _____ Phone _____

Medical Insurance Provider_____

Policy#_____

In the event of the need for emergency medical care and the parent, guardian or family physician cannot be immediately contacted; I authorize the staff of Villa Montessori Preschool to seek the medical facility or physician of their choice to provide emergency care.

Signature: _____ Date:_____

EMERGENCY CONTACTS: *Must have full addresses and phone numbers.*

(People who can be called in the event we cannot reach you)

1. Name: _____

   Home Phone: _____ Cell: _____

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

2. Name: _____

   Home Phone: _____ Cell: _____

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

AGREEMENTS

1. Villa Montessori Preschool agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

2. The parent(s)/guardian(s) authorize Villa Montessori Preschool to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

3. The parent(s)/guardian(s) agree to inform Villa Montessori Preschool within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signed: _____ Date: _____

Signed: _____ Date: _____

OFFICE USE ONLY
IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued

Other Form of Proof	Date Document Viewed	Person Viewing Documentation

Date of notification of Local Law-Enforcement Agency (when required proof of identity is not provided.)

_____

Emergency Contact Updates

Checked by	Date	Change	No Change

Date Child Entered Care	Date Child Left Care

Villa Montessori

STUDENT INFORMATION CARD

School Year: _____

(valid for 1 year)

Date _____ Unique ID _____

Student Name _____ Nickname _____

Address _____ Home Phone _____

Age _____ Birthday _____

Mother's Name _____ E-Mail Address _____

Address _____ Home Phone _____

Employer & Address _____

Work Phone _____ Cell Phone _____

Father's Name _____ E-Mail Address _____

Address _____ Home Phone _____

Employer & Address _____

Work Phone _____ Cell Phone _____

Teacher's Name _____ Room Number _____

EMERGENCY INFORMATION

Physician's Name _____ Office Phone _____

Dentist Name _____ Office Phone _____

Hospital preferred _____

Allergies or other medical information _____

_____

Insurance Company _____ Policy ID _____

Name of person(s) to contact in case of emergency if parents are unavailable: ***must be persons other than parents***

Contact #1

Name _____ Phone _____

Address _____ Relationship _____

Contact #2

Name _____ Phone _____

Address _____ Relationship _____

Emergency Permissions: I give Villa Montessori Preschool permission to seek emergency medical care of my child.

Name of Child _____ Date _____

Signature _____ Name of parent signing _____

Villa Montessori

Child's Emergency Medical Authorization

Name of Child_____Birth date_____

Name of Parent(s) or Guardian_____

Home Address_____

_____

Telephone _____ Mobile_____

Email _____

The Parent(s)/guardian authorizes **Villa Montessori** to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses. _____

2. Medical treatment costs are covered by:
   a. Private Insurance (name & policy no.) _____
   b. Medicaid Coverage No. _____
   c. Other medical insurance:
      Name of Insurance Company _____
      Policy No. _____
   d. No insurance _____

Child's physician or clinic attended _____

_____ _____

Signature Parent(s)/Guardian Date

This form is to be kept by Villa Montessori and is to be taken to the doctor or treatment facility in case of emergency.

Villa Montessori

I have received and accept the school policies listed in Villa Montessori Preschool Parent Handbook.

1. Admissions
2. Safe Arrival and Departure
3. Hours, Holidays and Inclement Weather
4. Tuition / Due Dates / Annual Registration / No Refund Policy
5. Late Pick-up
6. Vacation Credits
7. Withdrawal / Absences / Change of Schedule
8. Menus / Food / Allergies
9. Emergencies
10. Emergencies / Immunizations/Health Records / Medication / Allergies
11. Outdoor Activities / Fences
12. Behavior Plan & Discipline / Potty Training / Biting
13. Photos
14. Reporting of Child Abuse and Neglect
15. Chain of Command

I have received a copy of the Parent Handbook, understand and agree with the policies, including those listed above.

Child's Name: _____

Parent Signature: _____ Date: _____

Administrator: _____ Date: _____

Parents:

Please do not sign until:

1. You have received an electronic or paper coy of the manual AND
2. We have reviewed the parent manual and the above key points with you

Villa Montessori
PRESCHOOL

Consent & Release

For film, photos, videotape, social media; as well as any other form of electronic or digital communication.

On various occasions, your child may be photographed while at Villa Montessori Preschool. These photographs may be used by Villa Montessori Preschool and or its affiliated companies, in program planning and/or public relations. They also may be used in various types of advertising or by public television, newspapers, magazines, and electronic or digital communication. For this reason, we request that each parent sign the following release:

I hereby give or do not give Villa Montessori Preschool and its agents, the absolute right and permission to copyright and/or publish, or use with photographic portraits or pictures of my child or reproductions thereof in color or otherwise, made through any media for art, advertising, trade, electronic or digital communication or any other lawful purpose whatsoever. These pictures may be used in conjunction with his/her own fictitious name.

Name of child _____

____ No, I do not grant full permission.

____ Yes, I do grant full permission.

____ Yes, I grant permission for internal use only: i.e. bulletin boards, newsletters, etc.

Parent Name: _____

Signature: _____ Date: _____

Center Director: _____

Signature: _____ Date: _____

Part of the Busy Bees family

Villa Montessori

Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. However, we do want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful handwashing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the accompanying chart, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return.

The symptoms include:

- fever greater than 101°F.
- severe coughing - child gets red or blue in the face
- high-pitched croupy or whooping sounds after coughing
- difficult or rapid breathing - especially in infants

- yellowish skin or eyes
- pinkeye - tears, redness of eyelid lining, followed by swelling and discharge of pus
- unusual spots or rashes
- sore throat or trouble swallowing
- infected skin patches
- crusty, bright yellow, dry, or gummy areas of skin - possibly accompanied by fever
- unusually dark, tea colored urine - especially with a fever
- grey or white stool
- headache and stiff neck
- vomiting
- severe itching of body or scalp or scratching of scalp

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation.

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at Center.

_____ _____

Date Signature of Parent or Guardian

The infection control policies and procedures have been presented and explained to

Parent/Guardian _____

by Staff Member_____ Date _____

Signature of Staff Member

_____