



Faith Academy of Montessori Application for Admission

Application Date: _____ Start Date: _____

Name: _____ Birthdate: _____ Sex: _____ Age: _____
(Last) (First) (Middle)

Home Address: _____ Home Phone: _____
(Street & Number) (City & State) (Zip Code)

Does the Child Live with Mother and Father? _____
(Yes or No) (If not, with whom?)

Days Requested: ___ M ___ T ___ W ___ Th ___ F ___ Extended Care? _____ Times?: _____
(Yes or No)

Father's Name:	Mother's Name:
Occupation:	Occupation:
Business:	Business:
Business Address (Address/Zip Code):	Business Address (Address/Zip Code):
Business Phone:	Business Phone:
Business Hours:	Business Hours:
Cell Phone:	Cell Phone:
Email:	Email:

If Not Available in Emergency, Notify:

1. _____ Phone: _____
_____ Relationship: _____
(Address) (City & State)

2. _____ Phone: _____
_____ Relationship: _____
(Address) (City & State)

Who other than parents or guardian is authorized to pick up your child?

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

Authorization for Emergency Medical Care

It is my understanding that I will be notified at once in case of accident or illness to my child, and that I will make arrangements for medical care of my child with the physician or hospital of my choice. However, if I cannot be reached to make the necessary arrangements, or in critical emergency requiring medical care, I hereby authorize:

(Name of School)

To contact Dr. _____

(Name)

(Address, City, State, Zip Code)

(Phone)

For emergency treatment of my child, my preferred hospital is:

(Name)

(Address, City, State, Zip Code)

(Phone)

Field Trip Permission

I hereby give permission for my child _____

To attend field trips taken by Faith Academy of Montessori. It is my understanding that the adult/child ratio required by the State Licensing Department will be maintained by the staff during these trips. I also understand that I will be informed in advance of the dates and times of these trips.

Occasionally the school may take walks around the area, and I give my permission for these walks to be taken without prior notification.

Agreements

A.) The director and I have agreed on a plan for continuing communication regarding my child's education, development, behavior, etc.

B.) When my child is ill, it is understood and agreed that he/she will not be accepted into school. If he/she becomes ill during the day, I have agreed to arrive promptly to take him/her home.

C.) I have been informed of this school's policies pertaining to the admission, education, care, and discharge of children.

D.) I have been informed that a copy of the rules for Child Day Care centers in Missouri is available at the facility for review upon request.

E.) I agree to give thirty days written notice when my child leaves Faith Academy.

F.) You have the right to request information about the immunization status of the children enrolled at Faith Academy.

(Signature of Parent/Guardian)

(Date)