

Faith Academy of Montessori

Application for Admission

Application Date _____ *Start Date* _____

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

Home Address _____
(Street & number) (City and State) (Zip) (Phone)

Does child live with mother and father? _____
(If not, with whom?)

Days Requested: ___M___T___W___Th___F ___*Extended care?* _____

Father's Name _____ *Mother's Name* _____

Occupation _____ *Occupation* _____

Business _____ *Business* _____

Business Address _____ *Business Address* _____

Business Phone _____ *Business Phone* _____

Cell Phone _____ *Cell Phone* _____

Email: _____ *Email* _____

If Not Available in Emergency Notify:

1. _____ *Phone* _____
_____ *Relationship* _____
(Street & Number) City, State

2. _____ *Phone* _____
_____ *Relationship* _____
(Street & Number) 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) (Phone)

for emergency treatment of my child. My preferred hospital is:

(Name) (Address) (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 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.*

Date _____

(Signature of Parent/Guardian)