

ADVENTURE MONTESSORI OF LAFAYETTE

PARENT CONFIRMATION FORM 2011– 2012 School Year Mandatory Student Forms

Colorado Department of Human Services requires that all forms listed below are complete and in the child's file before they can attend school.

- Annual Health Form
- Emergency Information
- Pick-up Authorization
- Sun Screen Permission
- Application/Student's profile
- Parent Handbook Confirmation

In addition to the above state mandatory forms, Adventure Montessori Learning, requires this form to be filled out and returned before your child can attend school.

- Student Directory

While this Parent Handbook should be a useful tool throughout your child's time at school, it cannot anticipate every situation or answer every question. If you have questions after reading the Handbook, please talk with the Head of School. In order to maintain the necessary flexibility in administration, Jarrow reserves the right to change or revise the guidelines described at any time, or to deviate from them when circumstances warrant it. Whenever practical, we will attempt to notify parents in advance of any changes.

Yes, I / We have read the Parent Handbook

Please sign and return this page with the other required forms.

Student(s) name(s) _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

*"A place where children
are valued and respected."*



250 South Cherry Wood
Lafayette, Co 80026

**ADVENTURE MONTESSORI
LEARNING, INC.**

STUDENT RECORD

DATE ___/___/___

PLEASE PRINT ONLY

CHILD'S INFORMATION

Last Name,		First,		Middle	
Child Lives with:			Relationship to child:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth		/	/
				Current Age:	
Enrolling in:		<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler I	<input type="checkbox"/> Toddler II	<input type="checkbox"/> Primary
		<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Lower Elem	<input type="checkbox"/> Upper Elem	
		(6wks-12 mo)	(12mo-18mo)	(18mo-3 yrs)	(3-6years)
		(5 by 9/15)	(6-9 years)	(9-12 years)	

PARENT INFORMATION

MOTHER'S INFORMATION					
Name		Home Address		City	
				State	
				Zip	
Home Phone		Work Phone		Cell	
				Email Address	
Employer Name		Employer Address		City	
				State	
				Zip	
FATHER'S INFORMATION					
Name		Home Address		City	
				State	
				Zip	
Home Phone		Work Phone		Cell	
				Email Address	
Employer Name		Employer Address		City	
				State	
				Zip	

OTHER PARENT INFORMATION

Marital Status _____ If divorced how old was child? _____		If separated or divorced what are visitation arrangements?		Is this child adopted? ____ If yes what age? _____	
Is your child cared for by anyone other than the parents?			If yes please list Name _____ Telephone _____ Cell _____		

STUDENT'S PROFILE/ELEMENTARY

Does either parent travel from home for long periods of time? _____

List child's sibling(s), step-sibling(s), and half-sibling(s):

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

Name: _____ Sex: _____ Age: _____

To your knowledge, does your child currently have any persistent disease? (This is optional information.) _____ If yes, please explain:

Describe any medical information you feel the staff should know about your child:

Does your child have any unusual urinary or bowel habits? _____ If yes, please explain:

Why do you want your child in a Montessori environment? _____

What characteristics do you hope your child will develop at Adventure Montessori? _____

How does your child get along with other children? _____

How does your child get along with adults? _____

Please tell us your child's favorite extracurricular, community, and family activities.

Please list schools attended by your child-current school first name, city /state, and years attended.

1. _____

2. _____

3. _____

ANNUAL HEALTH FORM 2011-2012

Children under 7 years of age need an annual physical

This part is to be filled out by the parent(s):

DUE BEFORE THE FIRST DAY OF SCHOOL

STUDENT'S NAME _____ SEX _____ BIRTHDATE ____/____/____

ADDRESS _____ CITY, STATE _____ ZIP _____

MOTHER'S NAME _____ FATHER'S NAME _____

This part is to be filled out by your physician:

ATTACH UPDATED IMMUNIZATION RECORD

CHECK ILLNESSES CHILD HAS HAD:

Measles _____ German measles _____ Mumps _____ Chicken Pox _____ Scarlet Fever _____

List any allergies:

List any drug reactions:

Surgery, accidents, other illness or special problems:

Physical findings: include if tested vision and hearing, posture:

Are there any reasons to restrict the child's physical activity? If so, please explain:

Is this child under medical care at this time? _____ If so, please explain:

Does the child have, or has he/she ever had, emotional problems? ___ If so, please explain:

Have you ever recommended counseling to the family in regard to this child? _____ If so, why and what measures were taken?

PHYSICIAN'S SIGNATURE _____

MAIL: 250 S. Cherry Wood Dr.
Lafayette, CO 80026

DATE

Emergency Information 2010 – 2011 School Year

STUDENT'S NAME: _____ Date of Birth: _____

Address: _____

In the event of an emergency, we will notify parents first:

Mother/Guardian: _____	Father/Guardian: _____
Primary Notification Phone: _____	Primary Notification Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____
Work Address: _____	Work Address: _____
_____	_____
_____	_____

Please give emergency contacts information for two people whom we can contact in the event we are unable to reach either parent. Please include phone numbers (work, home, cell, and pager), address, and relationship to the child.

1. _____

2. _____

Allergies/Medical Condition(s): Describe any chronic or handicapping problems and give instructions for the care of your child.

Child's Doctor / Phone / Address: _____

Child's Dentist / Phone / Address: _____

Medical Insurance Carrier: _____

Hospital to be used in case of medical emergency will be **Good Samaritan, Lafayette, Colorado**
Phone 303-440-2273 unless otherwise indicated: _____

I give permission for medical treatment in case of emergency.

I Do Do Not give permission for my child to be photographed for school publicity purposes, slide shows and other school presentations

Mother's/Guardian's Signature: _____ Date: _____

Father's/Guardian's Signature: _____ Date: _____

Adventure Montessori Learning of Lafayette

Pick-up Authorization 2011 – 2012 School Year

We only release your child to the people listed below.

Please update this information as needed by submitting any changes in writing to the school office. Last minute changes / additions may be emailed to:

eva@adventuremontessori.com

STUDENT'S NAME: _____

ADDRESS: _____

I authorize the following persons to pick-up my child:

1. Name: _____ Phone # _____

Address: _____

2. Name: _____ Phone # _____

Address: _____

3. Name: _____ Phone # _____

Address: _____

4. Name: _____ Phone # _____

Address: _____

5. Name: _____ Phone # _____

Address: _____

6. Name: _____ Phone # _____

Address: _____

7. Name: _____ Phone # _____

Address: _____

Parent Signature

Date

Adventure Montessori Learning of Lafayette

Family Information 2011 – 2012 School Year
- ONE PER FAMILY -

Student(s) Name(s): _____

	Mother	Father
Name:		
Preferred Phone #:		
Best Time to Call:		
E-mail:		
Profession:		
Employer:		
Special Skills/ Talents		

Please **Email** Adventure Montessori Learning, communications whenever possible.

Mother Father Other: _____

Please add my/our special skills and talents to the student directory.

Grandparent Information:

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Yes No - AML may inform and invite these grandparents to upcoming school events.

Yes No - AML may send these grandparents information and a solicitation pertaining to the Annual Giving Campaign.

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Yes No - AML may inform and invite these grandparents to upcoming school events.

Adventure Montessori Learning, INC
250 S. Cherrywood Dr.
Lafayette, CO 80026
303-665-6789

SUNSCREEN PERMISSION FORM

Date _____

Name of Child _____

Name of Sunscreen and the SPF Number _____

Please apply sunscreen before coming to school in the morning. Your child's care giver will reapply throughout the day.

Your child's child care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15.

Special Instructions

I want my child to use only the sunscreen that he or she has provided from home .

My child may use the sunscreen provided by Adventure Montessori.

Parent/Guardian Signature