

# 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, Adventure Montessori 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 (6wks-12 mo)	<input type="checkbox"/> Toddler I (12mo-18mo)	<input type="checkbox"/> Toddler II (18mo-3 yrs)	<input type="checkbox"/> Primary (3-6years)	<input type="checkbox"/> Kindergarten (5 by 9/15)	<input type="checkbox"/> Lower Elem (6-9 years)	<input type="checkbox"/> Upper Elem (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: \_\_\_\_\_

**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](mailto: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**

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.

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Parent/Guardian Signature