

**PARENT CONFIRMATION FORM
2019–2020 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 (must be updated yearly)
- Sun Screen Permission
- Application/Child'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

AML's Parent Handbook can be found on our school website www.adventuremontessori.com under the "Parents/Community" tab. **Parent Handbook Password: 250**

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, AML 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 name _____

Parent/Guardian Name (please print)

Parent/Guardian Signature Date

Parent/Guardian Name (please print)

Parent/Guardian Signature Date

"A place where children
are valued and respected."



250 S. Cherrywood Drive
Lafayette, CO 80026

Adventure
Montessori

STUDENT RECORD

PLEASE PRINT ONLY

DATE _ _ / _ _ / _ _

CHILD'S INFORMATION

Last Name:		First:		Middle:	
Child Lives with:			Relationship to child:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth / /		Age:	
Enrolling in: <input type="checkbox"/> Infant (6 weeks-18 months)	<input type="checkbox"/> Toddler (18 months-3 years)	<input type="checkbox"/> Primary (3-5 years)	<input type="checkbox"/> Kindergarten (5 years by 9/30)	<input type="checkbox"/> Lower Elementary (6-9 years)	<input type="checkbox"/> Upper Elementary (6-9 years)

PARENT INFORMATION

MOTHER'S INFORMATION					
Name:		Home Address:		City:	State: Zip Code:
Home Phone:		Work Phone:	Cell Phone:	Email Address:	
Employer:		Employer Address:		City:	State: Zip Code:
FATHER'S INFORMATION					
Name:		Home Address:		City:	State: Zip Code:
Home Phone:		Work Phone:	Cell Phone:	Email Address:	
Employer:		Employer Address:		City:	State: Zip Code:
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 and phone number Name: _____ Phone: _____			

CHILD'S PROFILE

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: _____

How does your child ask to go to the bathroom? _____

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

How does your child get along with other children? _____

How does your child get along with adults? _____

How much time does your child spend alone? _____

How does your child occupy his/her time alone? _____

Which is your child's dominant hand? _____

What kind of activities (meals, stories, play, etc.) do you share with your child on a regular basis? _____

How much time do you spend on these activities? _____

How do you discipline your child? _____

Does your child rest or sleep in the afternoon? _____ Rest _____ Sleep _____

By what time is your child in bed at night? _____ Asleep? _____ Up in the morning? _____

Does your child have any fears such as the dark, storms, people, animals, etc.?

Emergency Information
2019-2020 School Year

STUDENT'S NAME: _____ Date of Birth: _____

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

Form with two columns for contact information: Mother/Guardian and Father/Guardian. Fields include Primary Notification Phone, Home Phone, Work Phone, Cell Phone, E-mail, and Work Address.

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

- 1. Name: _____ Relationship: _____
Address: _____
Phone numbers: _____
2. Name: _____ Relationship: _____
Address: _____
Phone numbers: _____

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 303-689-4000 unless otherwise indicated: _____

I Do [] Do Not [] give permission for medical treatment in case of emergency.

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

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

ANNUAL HEALTH FORM 2019-2020

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
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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. Cherrywood Dr.
 Lafayette, CO 80026

DATE: _____

**Family Information
2019–2020 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: _____

Grandparent Information:

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

School Media:

Yes No - AML may display photographs of my child in the school newsletter sent to parents. (No student names will be given.)

Yes No - AML may display photographs of my child in school slideshows/presentations. (No student names will be given.)

Yes No - AML may display photographs of my child on the school website's photo page (No student names will be given.)

Yes No - AML may display photographs of my child on the school Facebook page. (No student names will be given.)

Parent Signature: _____

Pick-up Authorization 2019–2020 School Year

We will 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. Families are required to submit an updated Pick-up Authorization form each year of enrollment at AML. Every child is required by the state of Colorado to have two emergency contacts other than the parents listed on this form. Additional people authorized to transport your child to and from school also need to be listed, along with full address and phone number.

STUDENT(S) NAME : _____

ADDRESS: _____

EMERGENCY CONTACTS:

Please list two local contacts, other than the parents, who are authorized to pick up your child.

1. Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

2. Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

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

3. Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

4. Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

5. Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

6. Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

Parent Signature

Date