

**Arcadia Montessori School
Returning Student Forms
2020-2021**

ARCADIA MONTESSORI SCHOOL

IDENTIFICATION AND EMERGENCY INFORMATION

CHILD'S NAME _____ AGE _____ BIRTHDATE _____ SEX _____

HOME ADDRESS _____ PHONE _____

PLACE OF BIRTH _____ BOTH PARENTS LIVING AT THIS ADDRESS? _____

PARENT NAME _____ OCCUPATION _____

COMPANY NAME _____ PHONE _____ CELL _____

PARENT NAME _____ OCCUPATION _____

COMPANY NAME _____ PHONE _____ CELL _____

◆ ◆ ◆ ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY ◆ ◆ ◆

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

◆ ◆ ◆ PHYSICIAN TO BE CALLED IN AN EMERGENCY ◆ ◆ ◆

NAME _____ PHONE _____

ADDRESS _____

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

Emergency hospital physician

Other _____

◆ ◆ ◆ NAMES OF OTHER PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY ◆ ◆ ◆

NAME _____ RELATIONSHIP _____ PHONE _____

◆ ◆ ◆ SPECIAL INSTRUCTIONS ◆ ◆ ◆

1. _____ 2. _____

USUAL TIME CHILD WILL BE PICKED UP _____ DOES CHILD NEED A NAP? _____

SIGNATURE OF PARENT _____ DATE _____

Methodist Hospital Consent to Treatment

We, the undersigned, parents(s) of _____, a minor, do hereby consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor, by the Emergency Room Physician. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physician(s) to exercise his/her best judgement as to requirement of such diagnosis or treatment.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

Parent _____

Parent _____

Known allergies: _____

Known medical problems: _____

Arcadia Montessori School

Dear Parents,

In an effort to improve communication between you and the staff of Arcadia Montessori School during a time of emergency, we have implemented an Emergency Response System. In order for you to have information regarding the school's status of operation, please provide us with your e-mail address. This will enable us to send you any emergency notification affecting our school. You will also be able to obtain information simply by going to the homepage of arcadiamontessorischool.com.

Please return this form with your contact information printed in the space below.

Child's name _____

Primary e-mail _____

Alternate e-mail _____

Thank you, again, for your cooperation and understanding.

Sincerely,

Cheryl Roberts
Director

Arcadia Montessori School

Photo, Website, and Social Media Release Form

As the parent of _____ at
Arcadia Montessori School (AMS), I hereby authorize Arcadia
Montessori School to the following:

- I grant AMS permission to photograph/videotape my child whose name is listed above while involved in activities, doing work at the school, and on the playground.
- I grant AMS permission to use these photographs of my child for classroom albums, yearbooks, or wall displays.
- I grant AMS permission to use these photographs of my child in school newsletters or informational brochures.
- I grant AMS permission to use these photographs/video footage/voice recording of my child to be posted on AMS's website, Facebook, or any other publication (When names are added, only first names will be used).
- I understand that I have the right to request, in writing, to have a photo removed from the website or Facebook within 30 workdays.

Name of Parent/Guardian: (please print) _____

Signature of Parent/Guardian: _____

Date: _____

Arcadia Montessori School

As the parent of, _____, I
have read and understand all forms (including the Parent Handbook)
received from Arcadia Montessori School.

Parents Signature

Date

PARENT CONSENT FOR ADMINISTRATION OF MEDICATIONS AND MEDICATION CHART

NOTE: Regulation Section 101221 requires the following information be on file.

CHILD CARE CENTER NAME: Arcadia Montessori School	LICENSE NUMBER: 198019186	DATE:
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PARENT'S INSTRUCTIONS:

1. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription and nonprescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME	DATE OF BIRTH
MEDICATION NAME	DOSAGE

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s:

From _____ to _____ at _____ daily while in attendance.
BEGINNING DATE ENDING DATE TIME OF DAY

PARENT'S SIGNATURE:	DATE:
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MEDICATION CHART
Staff Documentation of Medicine Administration

DATE	TIME GIVEN	STAFF SIGNATURE

Upon completion, return medicine to parent or destroy, and place form in child's record.

STAFF	DATE
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Arcadia Montessori School Acknowledgment and Agreement COVID-19
Addendum to the Parent Handbook

I/we, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by the Arcadia Montessori School will result in adverse action, up to and including termination of enrollment.

On behalf of my child, _____, I/we agree to take all recommended and reasonable actions to protect my child and myself and others from exposure to COVID-19, and that I/we ASSUME THE RISK, as applicable, of enrolling my child and my child's attendance at the Arcadia Montessori School. I understand and agree that no one, including but not limited to Arcadia Montessori staff, can guarantee that my child and I will not be exposed to or contract COVID-19.

I acknowledge that my child's enrollment will be terminated if it is determined that my actions, or lack of action, unnecessarily exposes another employee, child, or their family member to COVID-19. I understand that these terms are in compliance with current public health standards and are subject to change. I will be notified in writing of any changes in policy and asked to sign an acknowledgement of the changes.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent Signature: _____ Date: _____

Parent's Name: _____

Parent Signature: _____ Date: _____