

Is Any Language Other Than English Spoken at Home _____

Previous Schools Attended (Name and Length of Time)

Name and Ages of Siblings:

School Attending

Please give a brief description of your child's personality. Include any characteristics or traits that you think would be helpful for the teacher to know about:

Transportation Authorization

The following are persons authorized to pick up my child from the school. I understand that my child will not be released to anyone not on this list. If it becomes necessary to make other arrangements for my child's pick-up, I understand that I must notify Escuela Montessori in advance in writing.

Name

Relationship

Address/Phone

General Permission Agreement

1. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school. I understand that any off school field trips require separate permission. I also understand that the school does not provide water activities described in the TDPRS Minimum Standards.
2. I hereby grant permission for my child to be included in evaluations, pictures, or media coverage connected with the school program, including the school's official web site.
3. I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:
 - a. Activate the Emergency Medical System by dialing 911 in any emergency situation.
 - b. Attempt to contact a parent or guardian.
 - c. Attempt to contact the child's physician.
 - d. Attempt to contact you through any of the persons listed on the emergency information forms you completed for us.
 - e. If we cannot contact you or your child's physician, we will do any or all of the following: (a) call another physician; (b) call an ambulance (if not already done); (c) have the child taken to an emergency hospital in the company of a staff member.
4. I understand that Escuela Del Valle, Inc. is not responsible for any expenses incurred during the emergency transportation and treatment of my child.
5. By submitting this enrollment application, I hereby agree to comply with the policies of Escuela Montessori regarding tuition and fees, attendance, health, carpool and parking, clothing, and procedures specified in the Parent Handbook, monthly newsletters, and any other policy statements issued by the school each year. In addition, I understand failure to abide by the policies of the School may result in the termination of my child's enrollment at Escuela Montessori.

Parent/Guardian Signature

Date