

# Cornerspring Montessori School Child Record Form

**Office use:** Admission Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

What is the best phone number to use to contact parents while child is in care? \_\_\_\_\_

**Emergency Contacts** (we will make every effort to reach the parents first):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*You MUST notify us when regular pick-up methods will vary, even if the pick up person is listed below.\***

*Green Pick Up forms are in classrooms & at the front desk to fill out or you can e-mail or call.*

Names of people permitted to remove the child from the school.

\_\_\_\_\_  
\_\_\_\_\_

Name, address, and telephone number of family physician:

\_\_\_\_\_  
\_\_\_\_\_

Name, address, and telephone number of family dentist:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Known Allergies: \_\_\_\_\_

Known Medical Issues/Conditions/Illnesses: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

*I hereby give my authorization for child care staff to obtain whatever emergency medical treatment that may be deemed necessary for my child \_\_\_\_\_ when I cannot be contacted.*

Child's Date of Birth: \_\_\_\_\_

***This authorization includes my consent for the above named child to receive treatment by a physician in any hospital emergency department.***

*I understand that a copy of this form may be shared with a chaperone transporting my child in the event of a fieldtrip and may be reviewed in the event of an emergency, but the copy will be returned to the school at the end of the fieldtrip.*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_



**Release and Authorization to Participate in Athletics, Physical Education, and School Trips**

I give my consent for my child to participate in Cornerspring Montessori’s approved sports, extra-curricular activities and school trips with transportation being provided by any teacher, coach, paid carriers, and other representatives of the school or any parent.

I understand that Cornerspring does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I hereby waive all claims and I release, indemnify, defend, and hold harmless Cornerspring, its Board of Directors, Director of the school, administrators, faculty, agents, employees with any phase of such activities and trips (excluding paid carriers), from any and all liability claims, suits, demands, or causes of action, including an accident or injury suffered by my child while involved in such activities and trips.

I understand that a copy of the child’s record form may be shared with a chaperone transporting my child in the event of a fieldtrip and may be reviewed in the event of an emergency, but that the copy will be returned to the school at the end of any fieldtrips.

**Other Authorizations**

I agree to share with Cornerspring any and all medication dispensing information for my child anytime they have been given medicine. This includes but is not limited to doctor prescribed medications such as an antibiotic, over the counter medications such as Benadryl, Motrin, Aspirin, etc. I will also inform the school of any medications my child is taking on a regular basis. I hereby waive all claims and I release, indemnify, defend, and hold harmless Cornerspring, its Board of Directors, Director of the school, administrators, faculty, agents, employees from any and all liability claims, suits, demands, or causes of action, including an accident or injury suffered by my child if treatment for an injury or emergency is sought and medication has previously been dispensed.

- I give my permission for my child to be included in school photographs taken at Cornerspring or during any school function. I understand these pictures are used for promotional purposes as well as classroom photo books and could be included in advertisements in local media and internet.
  
- I give permission for Cornerspring staff to apply sunscreen when deemed necessary. I understand I can waive the use of the school’s sunscreen by writing a note accompanied by my own choice of sunscreen (clearly marked with my child’s name).
  
- I give permission for my address, phone numbers and email addresses to be included in an “All School Directory” which is distributed to all current families and staff.

Signed: \_\_\_\_\_ (parent or guardian)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_