

# Enrollment Agreement

IMPORTANT: Please complete every line. State guidelines require that all "blanks" be filled. ("N/A" or "none" is acceptable where appropriate.

My child will be at OFMS:    Days    M    T    W    Th    F    am only \_\_\_\_\_ all day \_\_\_\_\_

Initial Enrollment Date \_\_\_\_\_ Gender M    F    Birth Date \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parents Marital Status:    Married    Separated    Divorced    Widowed    Other

If Parents are separated, who has custody of child? \_\_\_\_\_

Sibling's, (names and ages) \_\_\_\_\_

Children will be released only to the parents (listed above) or other adult (listed below) authorized by the parent to pick up the child. The following adults are authorized to pick up my child:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Please Complete The Back Side**

1. In addition to THE OAK FOREST MONTESSORI SCHOOL staff, the following persons are authorized to give consent for any necessary emergency medical care for my child in the event I cannot be reached.

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. My child has permission to participate in water activities sponsored by THE OAK FOREST MONTESSORI SCHOOL. (Please circle one) YES NO

3. My child will take a nap while at OFMS. (Please circle one) YES NO  
All students in bldg. # 3 & # 4 will nap.

4. THE OAK FOREST MONTESSORI SCHOOL staff has permission to transport my child for the following:

In case of emergency..... YES NO

For field trips taken by the school..... YES NO

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

5. Child's Physician \_\_\_\_\_  
Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_

6. Hospital \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

7. Child's Dentist \_\_\_\_\_  
Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_

8. My child's picture may be used in television, newspapers, web sites, brochures, and other forms of public relations for the school. YES NO

9. Staff members must be made aware of any special needs or problems of children. Please fill in the following information as it relates to your child.

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

Existing Illness or injury: \_\_\_\_\_

Hospitalizations or surgeries: \_\_\_\_\_

Medications prescribed for long-term, continuous use: \_\_\_\_\_

Other special needs or problems: \_\_\_\_\_

I understand that The Oak Forest Montessori School is not responsible for the nutritional value of my child's lunch. I will provide lunch for my child on a daily basis.

I have filled out this enrollment agreement completely. By signing below, I approve all permissions, authorizations, etc., granted in the agreement. I have read and accept all policies of THE OAK FOREST MONTESSORI SCHOOL.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date