



**OUR MONTESSORI SCHOOL  
2020-2021 School Year ENROLLMENT FORM**

Student \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Phone \_\_\_\_\_

Student's Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

**PICK-UP AUTHORIZATION**

The following people **ARE** allowed to pick-up my child:

**\*Please provide copies of Driver's Licenses for all authorized people on your pick up list including parents.\***

Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_

The following people **ARE NOT** allowed to pick up my child:

Name/Relationship \_\_\_\_\_

Name/Relationship \_\_\_\_\_

***If either parent/guardian is listed above, proper legal documentation is required.***

***Any changes to pick up authorizations must be submitted in writing with signatures from both legal guardians/parents.***

Start Date: \_\_\_\_\_

End of Program Date: \_\_\_\_\_

**OUR MONTESSORI SCHOOL  
2020-2021 School Year HEALTH INFORMATION**

Student \_\_\_\_\_ Date \_\_\_\_\_

Allergies or medical conditions?

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Childhood diseases: Chicken pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Other \_\_\_\_\_

**YOU MUST INCLUDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS. THIS MUST INCLUDE THE SIGNATURE OF YOUR DOCTOR AND THE ADDRESS OF THEIR OFFICE.**

\_\_\_ My child has had (check all that apply):

<u>Exam</u>	<u>Month</u>	<u>Year</u>
Wellness _____	_____	_____
Dental _____	_____	_____
Vision _____	_____	_____
Hearing _____	_____	_____

\_\_\_ My child has not had *all* of the above Exams, and I have received a copy of Resources for Immunization and Wellness Checks.

**\*\*EMERGENCY CONTACTS\*\***

**State Regulations require 2 emergency contacts that live in or close to Albuquerque. Registration cannot be completed without this information.**

Friends or relatives who can be contacted if parents cannot be reached:

Name _____	Name _____
Address _____	Address _____
Home Phone _____ Office _____	Home Phone _____ Office _____

Name and phone number of family **Doctor or Medical Facility** to call in case of emergency:

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I give my permission for emergency medical:

Transportation - \_\_\_ Yes \_\_\_ No

Treatment- \_\_\_ Yes \_\_\_ No

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

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



Date \_\_\_\_\_

**GENERAL PERMISSION -----2020-2021 SCHOOL YEAR**

I, \_\_\_\_\_ give permission for my child,

\_\_\_\_\_ to go on field trips that are sponsored

by Our Montessori School. I understand that one week prior to these events I will receive information concerning the place, time, date, fee (if applicable) and purpose. If at the scheduled time of the field trip I do not want my child to attend, I will notify the school and other arrangements will be made. I also give permission for the staff of OMS to apply sunscreen and if applicable, diaper cream and or insect repellent to my child. I recognize that this activity involves certain inherent risks and that every precaution will be taken for the safety of my child and that the staff of Our Montessori School will provide proper supervision and instruction. Therefore, I release Our Montessori School and the individual staff members from any and all liability for injury that may occur to my child as a participant in the activity described above.

Emergency Phone 1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian Signature

I have the authority to make decisions regarding my child. By my signature, I verify I have the authority.



**2020 – 2021 School Year**

Dear Parents of Our Montessori School Students,

We would like to take photos of the children working in the classrooms and playing during recess time throughout the school year. We may be publishing these photos in our monthly newsletters, annual performance slide show, advertising and promotional materials, our Facebook page and our website. We will need your signature giving us permission to do so. Please sign this form below and return it to our office.

Sincerely,

Roxanne Rosa  
Administrator

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Please check the appropriate statements below:

\_\_\_\_\_ I hereby give Our Montessori School my permission to photograph my child and for those photographs to be published in the OMS Newsletter.

\_\_\_\_\_ I hereby give Our Montessori School my permission to photograph my child for the purposes of advertising and promotional materials, Facebook and the OMS website.

\_\_\_\_\_ I will allow Our Montessori School to send photographs of my child via the Brightwheel Family Communication App.

\_\_\_\_\_ I give Our Montessori School permission to photograph my child for the annual Performance Slide Show.

\_\_\_\_\_ I DO NOT give Our Montessori School my permission to photograph my child at school.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

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

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