



OAK HILL MONTESSORI SCHOOL

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 attend OHMS: M T W T F 8-12____ 8-3____ 8-6____

Initial Enrollment date_____ Male_____ Female_____ Birth Date_____

PART I: STUDENT INFORMATION - Please Print:

Full name of Child: _____

Address: _____ City/State/Zip_____

1st contact phone # (____) _____ 2nd contact phone # (____) _____

Mother/Guardian Name: _____

Address: _____ City/State/Zip_____

Employer/Occupation: _____

Work: (____) _____ Driver's License #/State_____

Cell: (____) _____ Email_____

Father/Guardian Name: _____

Address: _____ City/State/Zip_____

Employer/Occupation: _____

Work: (____) _____ Driver's License #/State_____

Cell: (____) _____ Email_____

Parents are: Married____ Single____ Separated____ Divorced____ Other____

If parents are separated/divorced, who has custody: _____

SIBLINGS

Name: _____ Age_____ Grade_____ School_____

Name: _____ Age_____ Grade_____ School_____

Name: _____ Age _____ Grade _____ School _____

Who may we thank for referring you to OHMS? _____

Part 2: SPECIAL MEDICAL CONDITIONS/TREATMENT- Please Print

Existing Illness or injury: _____

Hospitalizations during last 12 months _____

Medications prescribed for long-term use _____

Additional special care/needs _____

_____ NO Existing illness or injury (please check if there is nothing to report)

Allergies: _____

_____ NO Allergies (please check if there is nothing to report)

Physican Name: _____ **Office Phone** _____

Address: _____ **City/State/Zip** _____

Preferred Hospital Name: _____ **Phone** _____

Address: _____ **City/State/Zip** _____

Dentist Name: _____ **Office Phone** _____

Address: _____ **City/State/Zip** _____

Special Emergency Transport and Referral Instructions:

In the event that I and/or the persons listed below cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Oak Hill Montessori School to transport my child for medical attention to any of the providers listed above. I understand that I am financially responsible for any charges incurred for transport and treatment. In the event of minor injury, first aid will be administered and a parent/guardian will be contacted.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

PART 3: AUTHORIZATIONS

In case of an **emergency** in which the parents cannot be reached.

Name: _____ Work _____ Cell _____ Relationship _____

Address: _____ City/State/Zip _____

Name: _____ Work _____ Cell _____ Relationship _____

Address: _____ City/State/Zip _____

Name: _____ Work _____ Cell _____ Relationship _____

Address: _____ City/State/Zip _____

In addition to parents listed on 1st page of this document, I authorize the individuals listed below to pick up my child. The persons listed below are the **ONLY** persons to whom Oak Hill Montessori School will release your child. Changes in this list must be made in writing and given to the school in advance. If you call the school and request someone other than the below persons to pick up your child, the school will need to verify your identity and the identity of the person who comes to pick up your child. A child brought to school must be left in the presence of a staff member.

Name: _____ Work _____ Cell _____ Relationship _____

Address: _____ City/State/Zip _____

Name: _____ Work _____ Cell _____ Relationship _____

Address: _____ City/State/Zip _____

Name: _____ Work _____ Cell _____ Relationship _____

Address: _____ City/State/Zip _____

I authorize OHMS to use my child’s picture for television, newspapers, web sites, brochures and other forms of advertising and/or public relations for the school.

_____ YES _____ NO

I authorize OHMS to use my child’s picture for internal distributions among the OHMS community. For example, smilebox, classroom emails, yearbooks, classroom projects etc.

_____ YES _____ NO

I authorize OHMS to publish the following information in the Student Directory: (Please Check what can be published)

Child’s Name ___ Parent’s Name ___ Address ___ Telephone Number ___ Email ___

PART 4: FIELD TRIPS/WATER PERMISSION

Oak Hill Montessori School HAS MY PERMISSION for my child to participate in water activities.
___YES ___NO

For children in Kindergarten through Elementary:

Oak Hill Montessori School HAS MY PERMISSION to transport my child for field trips.
___YES ___ NO (Parents will be notified of field trips in advance.)

Immunization Records/ Physician’s Wellness Statement:

I have provided Oak Hill Montessori School with a copy of my child’s most current immunization record, physician’s wellness statement.
___ YES ___ NO

Vision & Hearing Results (4 years old & older):

I have provided Oak Hill Montessori School with a copy of my child’s most current vision & hearing results.
___ YES ___ NO

I understand that Oak Hill 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 Oak Hill Montessori School.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____