

____ Father deceased

____ Mother deceased

With Whom does the child live & relationship? _____

Siblings: Name: _____

Age: _____

Name: _____

Age: _____

Grandparents: Name: _____

Phone: (____) _____

Name: _____

Phone: (____) _____

List authorized Pick-Up other than Parent:

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The child may not be picked up by any person other than listed above. Please notify the school of any changes to the list.

1. Describe your child's general health. Has your child ever suffered any serious illness, injury, or hospitalization? _____

2. Is your child currently receiving any medications? If so please list: _____

3. Do you have concerns about your child's development? Yes _____ No _____ If yes, please explain: _____

4. Please give specific directions to your home:

Please complete contact information in the event of an emergency and the school cannot contact you:

(1) _____
Name Address Phone

Relationship to child _____

(2) _____
Name Address Phone

Relationship to child _____

Health Provider Information:

(1) Name of Physician and/or Clinic

Name Address Phone

(2) Name of Dentist and/or Clinic

Name Address Phone

The Hazard Lions Club Montessori School does not discriminate on the basis of race, color, national origin, sex, age or disability.

Emergency Permission to Transport and Seek Treatment for Child:

I give the Hazard Lions Club Montessori School permission to transport and obtain treatment for my child/children in the event of a medical emergency at Hazard ARH Hospital phone number of 606-439-1331 or 606-439-6600. If all efforts to contact the parent or guardian prior to transporting and treatment of child is exhausted, the school will make arrangements for emergency transportation and treatment of the child.

I give the Hazard Lions Club Montessori School permission to transport and obtain treatment for my child/children in the event of a dental emergency. If all efforts to contact the parent or guardian prior to transporting and treatment of child is exhausted, the school will make arrangements for emergency transportation and treatment of the child.

Parent/Guardian Signature

Date

Tuition Fees:

I understand that when enrolling my child/children in the Hazard Lions Club Montessori School program that I am responsible for all cost associated with the child's attendance at the school to include the cost of activities and tuition.

Parent/Guardian Signature

Date



AUTHORIZATION FOR PHOTOGRAPHING, AUDIO, & VIDEO TAPING

I hereby give my permission to have his/her photograph taken by staff members of the Hazard Lions Club Montessori School program. These photographs will not be used for purposes other than personal use by the child for activities or to be used during Graduation DVD's. Any other uses of photographs will be discussed with parents/guardians and written permission will be obtained.

Parent/Guardian Signature: _____

Relationship to Child: _____

Date: _____