



1401 Amador Lane, Henderson NV 89012

(702) 407-0790

www.foothillsmontessori.com

May 2021

Emergency Information

Child's Name		Birth Date		Sex	
Name of Parent (guardian)		Name of Parent (guardian)			
SS # (last 5 digits):		SS # (last 5 digits):			
Date of Birth:		Date of Birth:			
Email address:		Email address:			
Home Address		Home Address			
Employer		Employer			
Occupation		Occupation			
Employer Address		Employer Address			
Cell Phone	Work Phone	Cell Phone	Work Phone		
Home Phone		Home Phone			
Cell Phone Provider		Cell Phone Provider			
Physician Name		Phone #			
Insurer		Phone #			
Dentist		Phone #			

Below, please list the names of people who may pick up your child. Check yes in the box provided if you would like these names to also be used as emergency contacts. Photo ID may be required.

NAME	RELATIONSHIP	PHONE NUMBER	YES

MEDICAL RELEASE

In the event of an accident or illness to the student, I hereby authorize the operator of this school to secure any necessary aid and/or treatment from: Doctor _____ or the doctor who is on call or available or from the _____ hospital/clinic or the nearest hospital or clinic.

In the event I cannot be contacted immediately for notification or shall fail or refuse to remove the student affected with a communicable disease or other valid reason after notification or illness and request for the removal of the student, I understand that the appropriate authorities may remove my student from the premises of the school.

Furthermore, I agree to be directly responsible for all costs and expenses connected with the examination, diagnosis, treatment, and removal of this student.

Signed by _____ Date _____

(Please complete both sides)

ACKNOWLEDGEMENT OF PARENT HANDBOOK

I have read a copy of the Foothills Montessori Handbook and agree to abide by and comply with all the information set forth. I have read and understand the Behavior Guidance Policy as written in the Parent Handbook. I acknowledge the parent handbook can be found at <https://foothillsmontessori.com/documents/>.

Signed by _____ Date _____

HEALTH RECORDS

Indicate date of illness if student has had any of the following:

	YES	NO	DATE
CHICKEN POX			
HISTORY OF SEIZURES			
ASTHMA			
DIABETES			
MUMPS			
WHOOPIING COUGH			
MEASLES			
HAY FEVER			
EPILEPSY			
RHEUMATIC FEVER			

Other Concerns?
Medications?
Is student allergic to foods?
Does student have any special problems?

PUBLICITY PERMIT

There are times throughout the school year that our students are photographed and/or videoed to post on our website, Facebook, or promotional materials. However, the child's name is never used in conjunction with their picture unless specific and explicit permission is granted by a parent. Please choose between the following two options.

____ I have no objection to my child having his or her image used in connection with the public relations program of Foothills Montessori School.

____ I have no objection to my child having his/her image used for internal publications (newsletters, yearbook, classroom videos, classroom website/blogs, etc.) that are solely for the use of FMS and its families.

Signed by _____ Date _____

FIELD TRIPS

I give my permission for _____ to attend class field trips and/or utilize DragonRidge Country Club/Amador Park. The purpose of these trips will be to extend classroom learning, and trips will be announced by notice and/or posting in the classroom. Chartered buses or parent volunteers will transport children as a "carpool" and not as "school provided transportation". All drivers will have proof of insurance and current driver's license. Seat belts and car seats, if required by law, will be used by all passengers and drivers.

Signed by _____ Date _____

SCHOOL DIRECTORY

____ I have no objection to my child's name and telephone number appearing in the school directory.

____ I do not want my child's name and telephone number to appear in the school directory.

Signed by _____ Date _____