

TINY CABIN



Montessori

Family Information

Child's Full Name : _____

Child's Date of Birth: _____

Address: _____

Parent 1 Name: _____

Parent 1 Email: _____

Parent 1 Cell Phone: _____

Occupation: _____

Parent 2 Name: _____

Parent 2 Email: _____

Parent 2 Cell Phone : _____

Occupation: _____

Alternate Caregiver Name: _____

Alternate Caregiver Email: _____

Alternate Caregiver Phone Number: _____

Include Caregiver in Email Chain?: yes no

Child's Primary Doctor: _____

Doctor's Phone Number: _____

Previous School(s): _____

Sibling Names and Ages: _____

Medical and Emergency Information Form

Child's Name: _____ DOB: _____

Child's Physician: _____ Phone: _____

Child's Health Insurance Policy Name & Number: _____

Emergency Contacts: (Include one out-of-state contact if possible)

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Please list all health and medical conditions:

Please list all allergies including those to medication:

Please list any food sensitivities:

Does your child have anaphylaxis (severe, whole-body allergic reaction to a chemical that has become an allergen) and require an epipen? yes no

If your child has anaphylactic allergies, please list all symptoms to watch for:

In the event of a medical emergency, to which local hospital would you prefer your child be transported?

Tiny Cabin Montessori Medical Release

In the event of a medical emergency, while my child is attending Tiny Cabin Montessori, I grant permission for medical care to be administered to my child. I grant permission for my child's caregivers at Tiny Cabin Montessori to make medical decisions in my leave until such time as I can be reached.

I have read and understood this paragraph prior to signing.

Print Name: _____ Signed: _____

Date: _____

Tiny Cabin Montessori Field Trips Release Form

I am the parent or legal guardian of (child's name _____).

I grant permission for my child to participate in all field trips and off campus activities. This includes all travel to and from the field trip locations. I understand that field trips and off campus activities include walking trips on a routine basis to local parks and community facilities, and field trips by bus or car (driven by parent volunteers) to activities in the greater Seattle area. I understand that parents will be notified in advance if vehicular transportation will be required.

[] I have read and understood this paragraph prior to signing.

Print Name: _____ Signed: _____

Date: _____

Tiny Cabin Montessori Release of Claims

As the parent or legal guardian of (child's name _____)

I accept and assume all risks of injury associated with his/her participation in Tiny Cabin Montessori and its related activities and field trips. I understand and agree that neither Tiny Cabin Montessori nor its owner, building owners, agents, employees, volunteer workers, and other help or participants are liable in any way for any occurrence in connection with Tiny Cabin Montessori.

I acknowledge that Montessori activities may result in injury or other damages to me, the student named above, other members of my family, my estate, heirs, or assigns. I agree to exempt and release Tiny Cabin Montessori, its owner, the building owners, agents, employees, volunteer workers, helpers, and participants from any and all liability for property damage, personal injury and/or death. As consideration for the above named student's participation in Tiny Cabin Montessori activities, I, therefore hold Tiny Cabin Montessori, its owner, the building owners, and employees harmless. I have read this authorization and release of claims and acknowledge that I understand and agree to be bound by it.

Print Name: _____ Signed: _____

Date: _____

Tiny Cabin Montessori Parent Questionnaire

List three words that would best describe your child's personality:

What are your child's interests? How does your child spend free time? What do they like to play with?

List the names and relationships of immediate family members as well as other people who live with your child. Please include domestic help and the age of siblings.

How do you and your family spend time together?

What languages are spoken in your home?

What is your child's previous education experience?

Does your child have any fears or anxieties?

Who is responsible for establishing behavioral expectations and consequences for your child?

What form of discipline do you use at home and how does your child respond?

Describe your child's separation behavior when you leave them with other caregivers:

Has your child had any serious illness, surgery or a major accident? If yes, please explain:

Is your child regularly taking medication or receiving frequent medical treatment? If yes, please explain:

What are your child's sleeping habits? Do they nap?

Does your child play with other children regularly? How do they typically get along?

How independent is your child? (Eating, dressing self, etc.)

What is your child's potty training experience and how independent are they when using the bathroom?

Is there anything else you'd like us to know about your child or family that you think would be helpful?

Would you be interested in substituting if we were ever in need of an extra teacher?

yes no