

STUDENT INFORMATION FORM

*****PLEASE ATTACH A COPY OF COMPLETE IMMUNIZATION RECORD FROM YOUR PHYSICIAN.*****
*****ALL INFORMATION ON THIS FORM IS REQUIRED BY NM CYFD *****
*****PLEASE DO NOT LEAVE ANY QUESTION BLANK.*****

Student's Name: _____

Address: _____ Zip: _____

Home Phone: _____ Sex: M _____ F _____ Date of Birth: _____

Mother's Name: _____ Email: _____

Address: _____ Occupation: _____ Cell Phone: _____

Name of Employer: _____ Work Phone: _____

Father's Name: _____ Email: _____

Address: _____ Occupation: _____ Cell Phone: _____

Name of Employer: _____ Work Phone: _____

Full names and phone numbers of individuals who may pick up my child

1. Name _____ Phone _____ Relation _____

2. Name _____ Phone _____ Relation _____

3. Name _____ Phone _____ Relation _____

4. Name _____ Phone _____ Relation _____

Full names and a description/photo of individuals who **may not** pick up my child _____

Two emergency contacts in case of an emergency other than parents (**we are required to obtain two**)

1. Name _____ Phone _____ Relation _____

2. Name _____ Phone _____ Relation _____

Allergies or medical information: (please circle) None or _____

Please list below any signs of an allergic reaction or medical issues that our staff should be aware of while your child is in our care.

Family Physician: _____ Phone: _____ Hospital Preference: _____

I give my permission for Emergency Medical Transport and Treatment.

Parent's Signature: _____

Please list below the living arrangement for your child and if your child's schedule if he/she spends time in more than one home. _____

Family's religious affiliation/s? _____

Languages spoken in the home/s? _____

Siblings _____ Pets _____

What does your child do that makes you laugh or smile? _____

What makes your child happy? _____

What things can upset your child? _____

How does your child calm himself/herself down or does he/she need help? _____

Family interests and hobbies outside of school? _____

Bedtime _____ Does your child nap? _____ Morning wake up time _____

Amount of screen time your child experiences each day? This includes television, videos, computer, ipads, phones, video games, or electronics. _____

Does your child require any assistance with toilet responsibilities? _____

Academic expectations for your child? _____

Social expectations for your child? _____

Please list any additional information regarding your child that will be helpful to our staff. _____

CHILD'S NAME: _____ DATE: _____

REGISTRATION AND TUITION CONTRACT Annual registration fees are **non-refundable** and a two week written notice must be given for disenrollment. Rates are based on 3 and 4 days/week programs and the tuition fees are divided into **10 equal payments**. All tuition payments are collected by SMMS by the 15th of each month.

Program: EP3 EP4 PK3 PK4 Program Days: M T W Th

Student's First Day of School: _____ Student's Last Day of School: _____

Tuition amount: _____ Pizza lunch amount: _____ Fundraising Choice: _____

I understand that my child will attend the program listed above and I am responsible for the registration, tuition and fundraising fees that apply for the program I have chosen for my child. (Signatures are required from all financially responsible parties.)

Mother's Signature: _____

Father's Signature: _____

Legal Guardian's Signature: _____

GENERAL FIELD TRIP PERMISSION SLIP

This permission slip is strictly for taking walks in our neighborhood and holding fire drills that may require stepping off school property. Parents will be notified in advance if the staff plans to take the children for a walk. Any field trip requiring that we leave the property in a vehicle would require additional permission from the parents.

We will take walking field trips throughout the school year. My child has my permission to go on these field trips. I give my consent for emergency medical attention.

Parent's Signature: _____ Date: _____

INFORMATION PERMISSION SLIP

I give permission for the following items during the school year:

- 1 To have our family listed in the school and church directory and added to the school and church electronic newsletter email directory for church and school newsletters and mailings and to be handed out to enrolled families but not for the purpose of solicitation.
- 2 I understand that my child may be photographed or video taped under the supervision of the staff for holiday gifts, resources for Parent Nights, resources for teachers, school group photos and photos used for thank you notes or gifts for volunteers, the church directory and the school year DVD. Photographs taken will not be used on the internet or any social media.

Parent's Signature: _____ Date: _____

PARENT ACKNOWLEDGEMENT OF READING THE PARENT HANDBOOK

I acknowledge that I have read the St. M Mark's Montessori School Parent Handbook and I agree to abide by the rules and regulations put forth by the State of New Mexico Children, Youth and Families Department and St. Mark's Montessori School.

Parent's Signature: _____ Date: _____