



# HUGHES ROAD MONTESSORI

## ENROLLMENT INFORMATION 2017/2018

Child's Name \_\_\_\_\_  
First Middle Last (Nickname)

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

E-mail address \_\_\_\_\_  
(will be used to communicate with parents throughout the school year)

**Mother** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child lives with \_\_\_ both parents \_\_\_ mother only \_\_\_ father only \_\_\_ legal guardian(s)

**Health**

\_\_\_\_\_  
Child's Pediatrician Phone Number

\_\_\_\_\_  
Address

Does your child have any allergies? Yes No

If so, please list them: \_\_\_\_\_

Does your child have any restrictions? Yes No

If so, please list them: \_\_\_\_\_

Medications \_\_\_\_\_

**Emergency Notification (in the event parents cannot be reached)**

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

**Consent for Medical Treatment (must be notarized)**

As parent or legal guardian of \_\_\_\_\_, I authorize the school director or person in charge to have my child taken to the nearest medical facility for emergency medical care. I hereby give consent for medical treatment as prescribed by duly licensed medical or dental staff. This care may be given under whatever conditions are necessary to preserve life, limb or wellbeing of said dependent.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

Signed before a notary public: \_\_\_\_\_

**Pick-up Authorization**

I understand that my child will not be released to anyone not stated herein without my prior written consent. I do hereby give Hughes Road Montessori School permission to allow my child to leave the school premises with the following people (other than parents or legal guardians):

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Name Phone Relationship

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Photographs**

The teachers photograph the students during the school year, catching them hard at work and play. Please indicate below if you do or do not wish your child to be photographed. These photographs are often used for slide shows for the parents, monthly newsletters, class projects, etc.

I do \_\_\_\_ do not \_\_\_\_ wish my child to be photographed during the school day.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Facebook Page for the School**

The school has a Facebook page and from time to time will post photos, with parent’s permission, of the children and staff working or attending school parties and or events.

I do \_\_\_\_ do not \_\_\_\_ wish for my child’s photos to be posted on the Facebook page to view throughout the school year.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Class Roster**

A class roster or directory will be issued, listing the children, their parents, address, phone number and email address. Please indicate below if you do or do not wish your child to be listed on the class roster. This roster will only go to the families enrolled in our school.

I do \_\_\_\_ do not \_\_\_\_ wish my child and family to be listed on the class roster.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Enrollment Requirements**

Every child enrolled in the school must be fully immunized according to the guidelines set forth by the State of Texas.

Every child ages 4 and older are required to have on file at the school, a current hearing and vision screening. This must be updated each year.

Every child enrolled in the Primary classroom (ages 3-6 years) must be fully independent in the bathroom.

**Enrollment Procedure**

To secure your child's enrollment, please submit this completed Enrollment Information form along with the non-refundable registration fee of \$125.00. (\$50.00 each year after the first) This fee will secure your child's place in the school.

Each child is admitted for the full academic term and tuition is for the full academic year, and is not subject to adjustment because of illness, absence, withdrawal or dismissal of the child from school for any reason including, but not limited to, a parent's employment transfer. For good cause shown, Hughes Road Montessori School shall have the power, in its sole discretion, to release a parent from further or additional financial obligation in the event of withdrawal or dismissal of the child from the school.