



SUNNY HOLLOW MONTESSORI
Student Information
 2018 - 2019

Last:	First:	Middle:
Gender:	Age:	Birthdate:

Each Field is **required** even if information is repeated.

Sunny Hollow recognizes that there are many families with more or less than 2 Parent/Guardians in the life of a student. If you would like to add other adults to communications regarding this student, please contact the Office Administrator.

If Parent 1 and Parent 2 addresses are different we will create separate folders unless instructed otherwise.

1. Parent/Guardian (Primary Contact Information)

2. Parent/Guardian (Primary Contact Information)

First and Last Name: _____

Relationship to student: _____

Phone 1 (used for emergencies): _____ Type: _____

Phone 2 (used for directory): _____ Type: _____

Phone 3 (back-up emergency): _____ Type: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip code: _____

School District: _____

Occupation: _____

Employer: _____

First and Last Name: _____

Relationship to student: _____

Phone 1 (used for emergencies): _____ Type: _____

Phone 2 (used for directory): _____ Type: _____

Phone 3 (back-up emergency): _____ Type: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip code: _____

School District: _____

Occupation: _____

Employer: _____

Please check if you **do not** want to be in the family directory

Please check if you **do not** want to be in the family directory

Emergency Contacts

Please list other Parents/Caregivers here, neighbors or nearby relatives who are authorized to care for your child in an emergency.

2- Emergency Contact

1- Emergency Contact

First and Last Name: _____

Relationship to student: _____

Phone: _____ Type: _____

Address: _____

City: _____ State: _____ Zip code: _____

First and Last Name: _____

Relationship to student: _____

Phone: _____ Type: _____

Address: _____

City: _____ State: _____ Zip code: _____

Release Authorization Information

List everyone who is authorized to pick up your child from school on a routine basis. You may add or remove authorized individuals during the school year via a written communication form. You may have five authorized individuals on your list at one time.

In addition to the Emergency Contact persons (listed above), I give authorization for the following people to pick up my child at Sunny Hollow during the year. If the authorized person(s) change during the year, I will notify Sunny Hollow Montessori immediately.

Student Last:

Student First:

Authorized Pick-Up #1: _____ Phone Number: _____

Authorized Pick-Up #2: _____ Phone Number: _____

Authorized Pick-Up #3: _____ Phone Number: _____

Authorized Pick-Up #4: _____ Phone Number: _____

Authorized Pick-Up #5: _____ Phone Number: _____

Student Medical Information

Insurance Carrier: _____ Policy Number: _____

Physician Facility/Name: _____ Physician Phone: _____

Physician Address: _____

Dentist Facility/Name: _____ Dentist Phone: _____

Dentist Address: _____

Demographic Information

The Information Below is vital to our Grant writing Efforts. Any information Given is Confidential and Optional. All Categories are from the Federal Census Bureau.

Please Check All That Apply:

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Black or African American

White

Hispanic or Latino

Other: _____

Medical /developmental Information

Does your child have any allergies? ___ yes ___ no

If yes, please list: _____

List any medical concerns including food sensitivities here:

Has your child been evaluated for a cognitive, physical, or social/emotional difference? yes no

If yes please describe: _____

Has your child been evaluated for special education services? yes no

If yes, do they currently have an IEP or ICCP? yes no
If yes, please sent the current plan.

Does your child receive any support services outside of school hours (e.g. tutoring, occupational therapy, speech, counseling, etc.)? yes no

Emergency Medical Release

I request that school personnel contact me/the emergency contact persons listed if my child becomes ill or is injured while attending Sunny Hollow Montessori. In the event you are unable to contact me/the emergency persons listed, I hereby authorize school personnel to call the physician or medical facility indicated. I give Sunny Hollow consent to follow the physician's recommended instructions and make whatever arrangements are deemed necessary. I agree to assume all costs regardless of whether covered under my insurance policy.

I understand that an emergency situation may require Sunny Hollow teachers and staff to perform first aid on an injured student. I hereby authorize Sunny Hollow, its teachers and staff, to perform first aid on my child in an emergency, and I hereby hold Sunny Hollow, its teachers and staff, free and harmless from any claim of damage that might arise from the performance of such first aid treatment.

In the event of POISON INGESTION, I understand Sunny Hollow staff will contact the Poison Control Center or a physician.

Parent/Guardian Signature: _____ Date: _____

Parent/guardian Printed Name: _____