



Sunny Hollow Montessori
Student Information
 2020 – 2021

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)

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

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: _____
 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. **Each SHM STUDENT MUST HAVE TWO EMERGENCY CONTACTS LISTED WITH ALL INFO BELOW:**

1- Emergency Contact

First and Last Name: _____
 Relationship to student: _____
 Phone: _____ Type: _____
 Address: _____
 City: _____ State: _____ Zip: _____

2- Emergency Contact

First and Last Name: _____
 Relationship to student: _____
 Phone: _____ Type: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Release Authorization Information

Please list up to 5 individuals who are authorized to pick up your child from school on a routine basis (other than parents and emergency contacts). You may add or remove authorized individuals during the school year via a written communication form or email to attendance@sunnyhollow.org.

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-

EACH SHM STUDENT IS REQUIRED TO PROVIDE ALL INFO BELOW:

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
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Pacific Islander
- White
- Other: _____

Medical /Developmental Information

Does your child have any allergies? ____ yes ____ no

If yes, please list: _____

List any medical concerns including food sensitivities here:

If your child has a seizure, asthma, or anaphylaxis action plan, a new plan is required annually

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: _____