**Child Enrollment Information – Elementary**

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

 Name Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Male □ Female

 Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of September 1st: \_\_\_\_\_\_ Watch Me Grow □ Yes □ No

 Size t-shirt: □ Small □ Medium □ Large, □ Youth □ Adult

□ Lower Elementary (Grades 1 – 3)

 □ Upper Elementary (Grades 4 – 6)

□ Before Care (7am – 8am) □ After Care (3:15pm – 6pm)

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

Mother’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last

Father’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: [ ]  Married [ ]  Separated [ ]  Divorced [ ]  Widowed [ ]  Single

Legal Guardian: [ ]  Both Parents [ ]  Mother [ ]  Father [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Living Arrangements: [ ]  Both Parents [ ]  Mother [ ]  Father [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PARENTAL AGREEMENT WITH SCHOOL**

□ Lower Elementary (Ages 6 – 9)

* Extended Day (7am – 6pm)
* Watch Me Grow □ Yes □ No

□ Upper Elementary (Ages 9 – 12)

* Extended Day (7am – 6pm)
* Watch Me Grow □ Yes □ No

1. The Montessori Kids Academy agrees to provide education for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child) five days of week from: \_\_\_\_\_\_\_ until \_\_\_\_\_\_\_. (specific hours)

2. The child may be released to the person(s) signing this agreement, or to the following:

NAME ADDRESS TELEPHONE RELATIONSHIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I agree to pay the total monthly fee of $\_\_\_\_\_\_\_ on the 1st for the upcoming month.

4. I agree to provide the school with all necessary information (date, prescription #, etc.,) pertaining to administering medicine to my child.

5. I understand I am responsible for providing all snacks twice a year for my child’s classroom and lunch for my child should I decline to purchase lunch. Snacks and lunch must conform to the Bright from the Start minimum nutritional qualifications.

6. I understand that it is my responsibility to escort my child into and out of, and to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported using Montessori Kids Academy transportation.

7. I understand I am totally responsible for any special diet required by my child.

8. Transportation is provided to and from school and on planned field trips with parental permission. A separate form and signature are required for this service. A school transportation form can be signed once for each school year. A field trip form must be signed before each trip.

9. Should my child become ill during the time that he or she is in the care of Montessori Kids Academy, or suffer an accident of any nature, the school will undertake to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary. (The parent will assume responsibility for payment). I agree to keep the school informed as to changes in telephone numbers, etc., where I may be reached.

10. My child has the following special need(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. The following special accommodation(s) may be required to most effectively meet my child’s needs while at this school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. I understand that if my child is ill, including, but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature over 100º, severe headache, upset stomach, or diarrhea, he or she cannot be accepted into the school until well. In the event my child has an infectious disease, a release form from a medical source may be required before my child re-enters the school.

**Montessori Kids Academy will notify parents if an infectious disease has been introduced into the school**.

14. Emergency contact and release when parents cannot be reached:

NAME ADDRESS TELEPHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Physician to be contacted when parents cannot be reached:

NAME ADDRESS TELEPHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. If I have not picked up my child by 7:00 p.m., and all attempts to contact me and all emergency contacts fail, Montessori Kids Academy will call Family and Children Services and Police.

17. I understand that it is my responsibility to keep the school advised on changes of addresses, phone numbers, etc.

I agree to abide by all policies and procedures of Montessori Kids Academy as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head of School

**HEALTH AND EMERGENCY PERMISSION RECORD**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child’s participation in the program and activities?

Yes\_\_\_\_\_ No \_\_\_\_\_

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have allergies? (foods, medications, insects, etc.)

Yes\_\_\_\_\_ No \_\_\_\_\_

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently on any medication?

Yes\_\_\_\_\_ No\_\_\_\_\_

Specify:

Are there any special procedures that are required in caring for the child?

Yes\_\_\_\_\_ No \_\_\_\_\_

Specify:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First emergency contact |  | Mother |  | Phone |  | Cell |  |
| Second Emergency Contact |  | Father |  | Phone |  | Cell |  |
| Third Emergency Contact |  | Emer. Contact |  | Phone |  | Cell |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give my permission for Montessori Kids Academy to

seek medical attention for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the event of an emergency if I cannot be reached, and to hold harmless and release Montessori Kids Academy from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Montessori Kids Academy emergency medical procedure will be:

1. Contact parent

2. Contact person listed as emergency contact

3. Call emergency medical team, if necessary

4. Have emergency medical team transport to nearest hospital

5. Will seek medical attention from:

Doctor: *The doctor on call from the hospital, and the phone number of the hospital stated below:*

Hospital center uses: Northside Hospital, 1200 Northside Forsyth Dr. Cumming, Ga. 30041 Phone: 770-884-3246.

**Photo Release**

 Montessori Kids Academy has cameras in each classroom. I understand that my child will be on the camera and viewable by anyone who has an authorized Watch Me Grow contract. My child’s image will not be used in any advertising or on social media without my permission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Printed

**TRANSPORTATION AGREEMENT**

Montessori Kids Academy

3034 Old Atlanta Road

Cumming, GA 30041

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree for, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be

 (Parent’s Name) (Child’s Name)

transported by Montessori Kids Academy on field trips\_\_\_\_\_ emergencies only \_\_\_\_\_

(check all that apply)

**TRANSPORTATION GUIDELINES**

In the event the designated location is unable to receive children they will be returned to

Montessori Kids Academy.

Children will not be left unattended in any vehicle used for transportation.

Children will wear seat belts.

It is **vital** that Montessori Kids Academy be notified of any changes in the above scheduled transportation. Montessori Kids Academy will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by Montessori Kids Academy at the earliest possible time.)

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

YOU WILL RECEIVE A COPY OF THE RULES THAT CHILDREN ARE EXPECTED TO FOLLOW WHILE IN THE VEHICLE. WE ASK THAT YOU REVIEW THESE RULES WITH YOUR CHILD/CHILDREN.

IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.

**Parent/Guardian Agreement**

I have read and understand the contents of the Montessori Parent’s Handbook and agree to abide by the stated policies and procedures. I also agree to abide by the contract that is attached and agreed upon at the pre-enrollment interview.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Dietary & Allergy Form Special Request**

My child has the following dietary restrictions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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€ None

**Food Category Can Eat? Can Not Eat?**

Red Meat \_\_\_\_ Yes \_\_\_\_ No

Pork \_\_\_\_ Yes \_\_\_\_ No

Chicken \_\_\_\_ Yes \_\_\_\_ No

Turkey \_\_\_\_ Yes \_\_\_\_ No

Fish \_\_\_\_ Yes \_\_\_\_ No

Eggs \_\_\_\_ Yes \_\_\_\_ No

Milk \_\_\_\_ Yes \_\_\_\_ No

My child has the following allergies (Insect, Medicine, Food. Please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Montessori Kids Academy
Front Door Access Code**

Access to the Montessori Kids Academy building is restricted to Parents and Staff.

Please provide a 4 digit access code. Parents must have a unique code. To access the building, enter your 4 digit code followed by the # sign.

Please do not share your code with anyone else.

**PLEASE PRINT LEGIBLY**

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Code: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ #

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Code: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ #

**Parent Bulletin Preference**

Please print your preferred email address (es) below. Please print legibly.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the appropriate box to receive Parent Bulletins via email, hard copy or both.

* Email
* Both Hard Copy & Email