



Application for Admission

Office Use Only
In ProCare_____
Paid Reg. Fee_____

Child's Name _____ Sex _____ D.O.B. _____
Last First Middle

Address _____
Street City State Zip

Anticipated start date: _____ Previous school attended: _____

Date of entrance: _____

Program: Full Day Half Day Days to attend: Mon. Tues. Wed. Thurs. Fri.

Family Information

Parent/Guardian name _____ Parent/Guardian name _____

Cell Phone _____ Cell Phone _____

Cell Phone Carrier _____ Cell Phone Carrier _____

Home Phone _____ SSN _____ Home Phone _____ SSN _____

Address _____ Address _____

Occupation/Employer _____ Occupation/Employer _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

E-mail address _____ E-mail address _____

Emergency Contacts and Persons Authorized to Take Child from Facility

Other than a parent or doctor that may act as agent of parent (must have 3)-No other person will be authorized:

Name _____ Relationship to Child _____ Cell Phone _____

Address _____ Other Phone _____

Name _____ Relationship to Child _____ Cell Phone _____

Address _____ Other Phone _____

Name _____ Relationship to Child _____ Cell Phone _____

Address _____ Other Phone _____

If you want to arrange for another person to pick up your child, please notify the office.

Allergies _____

Reaction _____ **Treatment** _____

Has your child been stung by a bee or wasp? Yes No If so, please describe reaction:

Comments on Student’s Development (note: habits, special language, etc.):

Authorization for Emergency Medical Care

In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Pediatrician _____ Group/Office _____ Phone _____

Dentist _____ Group/Office _____ Phone _____

Hospital _____ Address _____ Phone _____

Enrollment Agreements

- (A) I understand that when I am given a guaranteed date for my child/ren to start at HMA, I have two weeks from said date to start my child/ren, or agree to begin paying the weekly tuition to hold the space. I can choose to remain on the waiting list for a future date subject to availability as determined by HMA.
- (B) At the time of initial enrollment, a non-refundable enrollment fee of \$175.00 is due. I have been informed that a two week written withdrawal notice is required.

Trip Permission

I do do not give consent for my child to take part in field trips or excursions with Hope Montessori Academy under proper supervision. It is my understanding that I will be notified prior to a trip.

Model Release

I do do not give consent for photographs of my child to be used in the Hope Montessori Academy website and in print advertising for the school.

Agreements

- (A) I have been informed that child development conferences are held at regularly scheduled intervals.
- (B) When my child is ill, it is understood and agreed that they may not be accepted into care at the discretion of HMA administration.
- (C) I have read and accept this facility’s policies pertaining to admission, care, and discharge of children.
- (D) I have been informed that a copy of licensing rules for Child Care Centers in Colorado is available in the office for review.
- (E) I have read and accept this facility’s policies pertaining to payment of tuition.
- (F) I will keep Hope Montessori Academy updated on any address, phone, or work number change.
- (G) I agree that my electronic signature is the legal equivalent of my handwritten signature on this document and by signing I am agreeing to the above statements.

Date _____ Parent or legal guardian signature _____

By signing below I confirm that the above information is correct and current.

(Up) Date _____ Parent or legal guardian signature _____

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