

# Greenwood Montessori School

## Enrollment Form - Toddler

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** (please include city, state & zip code) \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Home Work Cellular

**Home Address** (if different from above) \_\_\_\_\_

**Employer** \_\_\_\_\_ **Hours/Days of Work** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Home Work Cellular

**Home Address** (if different from above) \_\_\_\_\_

**Employer** \_\_\_\_\_ **Hours/Days of Work** \_\_\_\_\_

**Employer's Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**If parents are separated or divorced, who has custody?** \_\_\_\_\_

**Has child been enrolled in a day care/preschool before?** ☐ Yes ☐ No **If yes, for how long?** \_\_\_\_\_

**Where?** \_\_\_\_\_

### Who Will Bring Your Child To/From School:

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Home Work Cellular

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Home Work Cellular

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Home Work Cellular

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Home Work Cellular

### Person(s) Other Than Parent(s) To Notify In An Emergency:

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Home Work Cellular

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Home Work Cellular

*please continue on reverse side*

**Others in Household:**

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical Release:**

*In case of accident or serious illness, I/we request that the School contact me/us. If I/we cannot be reached, I/we hereby authorize the School to call the physician/dentist indicated below and follow his/her instructions. If it is impossible to contact the physician/dentist below, the School may take whatever action it deems necessary.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Local Physician's Name** \_\_\_\_\_ **Office Telephone** \_\_\_\_\_

Physician's Address \_\_\_\_\_

**Local Dentist's Name** \_\_\_\_\_ **Office Telephone** \_\_\_\_\_

Dentist's Address \_\_\_\_\_

**Hospital to be Used in an Emergency:**

Name \_\_\_\_\_ Hospital Telephone \_\_\_\_\_

Hospital Address \_\_\_\_\_

**Enrollment Agreement:**

*By signing below, I/we are enrolling my/our child(ren) at Greenwood Montessori School in the program indicated above and agree to follow the policies of Greenwood Montessori School as outlined in the Parent Handbook and any addendums thereto. I/We further agree to inform Greenwood Montessori School of any change in address, phone numbers, family information or any of the above information.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Greenwood Montessori School

## Background Information Form - Toddler

Please provide us with the following information on your child. Your answers will help us personalize our approach to his/her experience at Greenwood Montessori School.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Personal History

Does your child speak in words? \_\_\_\_\_ sentences? \_\_\_\_\_ any other languages? \_\_\_\_\_

Does your child have any speech problems that we should be aware of? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Does your child dress self? \_\_\_\_\_ undress self? \_\_\_\_\_ Does your child use a bottle? \_\_\_\_\_ Does your child feed self? \_\_\_\_\_

Is your child a slow eater? \_\_\_\_\_ fast eater? \_\_\_\_\_ normal eater? \_\_\_\_\_

Is your child walking without assistance? \_\_\_\_\_ If yes, at what age did s/he begin walking? \_\_\_\_\_

Is your child right-handed, left-handed or undecided/unknown? \_\_\_\_\_

### Health History

Please fill in the age at which your child has had the following illnesses, if applicable:

Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Meningitis \_\_\_\_\_

Hepatitis \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Does your child have frequent earaches? \_\_\_\_\_ stomach aches? \_\_\_\_\_

Any serious illnesses, accidents or hospitalization? \_\_\_\_\_

Any physical disabilities? \_\_\_\_\_

Any known allergies? \_\_\_\_\_ If yes, what allergies? \_\_\_\_\_

How does it usually manifest itself? \_\_\_\_\_

Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Hives \_\_\_\_\_ Other \_\_\_\_\_

Do you know what the allergy is caused by (specify)? \_\_\_\_\_

Are there any medications given regularly (describe)? \_\_\_\_\_

## Toileting Habits

Is your child: toilet trained? \_\_\_\_\_ in the process of being trained? \_\_\_\_\_ potty-chair? \_\_\_\_\_ or toilet seat? \_\_\_\_\_

Does your child have to be reminded to use the bathroom? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

What words does your child use for: urination? \_\_\_\_\_ bowel movement? \_\_\_\_\_

## Sleeping Habits

What time does your child usually go to bed? \_\_\_\_\_ awaken? \_\_\_\_\_

What is your child's mood upon awakening? \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ What time(s) of day? \_\_\_\_\_

## Social Relationships

Has your child had experiences playing with other children? \_\_\_\_\_ Please describe: \_\_\_\_\_

By nature, is your child (check any/all that apply): friendly \_\_\_\_\_ caring \_\_\_\_\_ aggressive \_\_\_\_\_ shy \_\_\_\_\_ withdrawn \_\_\_\_\_

In a few words, how would you describe your child's personality? \_\_\_\_\_

Does your child enjoy being alone? \_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_

How does your child show feelings? \_\_\_\_\_

Is your child frightened by (check any/all that apply): animals \_\_\_\_\_ dark \_\_\_\_\_ storms \_\_\_\_\_ crying \_\_\_\_\_ sirens \_\_\_\_\_

vacuum cleaner \_\_\_\_\_ other \_\_\_\_\_

What is your child's usual reaction to discipline? \_\_\_\_\_

Describe your child's favorite activities, toys or chief interests: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Favorite recreational pastime(s): \_\_\_\_\_

Does your child have any habits, needs, schedules or touchy areas you feel we should know about? \_\_\_\_\_

What do you hope to gain for your child and/or yourself from our Montessori early childhood program? \_\_\_\_\_

## Dismissal Authorization

**Please read the following information carefully and follow the proper procedures in authorizing the dismissal of your child. If you have any questions, please do not hesitate to ask.**

There is space provided on your child's enrollment form to name four (4) persons authorized to pick him/her up. This is acceptable; however, under no circumstances will we release your child to anyone other than you if you have not named authorized persons on your enrollment form. Upon enrollment, each family is issued a number Dismissal Authorization Card. At the beginning of each school year, you *may* be asked to show this card before we release your child. If you wish to authorize the dismissal of your child to any person listed on your enrollment form, you must let the School know ***in writing on the sign-in sheet (preferably)***, or by telephone. If by telephone, staff *may* ask you to state your Dismissal ID Number as proof of identification and may ask you for a full description of the person picking up. *Persons picking up for the first time must bring a license for us to copy for your child's file. In cases of court-ordered child custody arrangements or restraining orders, the School must have the court documentation on file. Without such, we are obligated by law to allow the release of a child to his/her natural parent, if proper identification is presented, even if s/he is not on the forms and/or we have been told otherwise.* If you are calling in a duress situation (someone is forcing you to make the call), please call in the release of your child with an incorrect dismissal authorization number. We will immediately call the police to notify them that there is a problem. **If any of the above procedures is not followed, we will not release your child until you can be reached by telephone, and you will be responsible for any late pick-up fees.**

Because of the importance of the above procedures, we must have you formally acknowledge this communication. Please do so by signing the bottom portion of this page **and returning that portion only** to the School today.

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### Dismissal Authorization Procedures Acknowledgment

*I/We have read and understand the Dismissal Authorization Procedures of Greenwood Montessori School. I/We agree to adhere to this policy when authorizing the pickup of my/our child.*

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Parent Signature

Date

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Parent Signature

Date

# Greenwood Montessori School

## Emergency Form

Please print legibly and complete ALL of the information requested, **ensuring that the phone numbers you provide are current and correct**. You must provide us with the name and phone number (s) of at least one Emergency Contact person, **in the area**, who can pick your child up in the event that you cannot be reached if your child becomes ill (i.e., fever, vomiting or other contagious illness), or in the event of a serious illness, injury or emergency. This form must be signed by both parents in a two-parent/guardian family. By signing below, you are granting us permission to seek medical attention and/or emergency treatment if necessary. This form will be taken on Field Trips.

CHILD'S NAME \_\_\_\_\_ Dismissal ID # \_\_\_\_\_ (office use only)  
PARENT/GUARDIAN NAME \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_  
PARENT/GUARDIAN **CELL** PHONE \_\_\_\_\_ PARENT/GUARDIAN **CELLPHONE** \_\_\_\_\_  
PARENT/GUARDIAN **WORK** PHONE \_\_\_\_\_ PARENT/GUARDIAN **WORK** PHONE \_\_\_\_\_  
**HOME** PHONE (IF APPLICABLE) \_\_\_\_\_

**Person(s) to contact in case of EMERGENCY or SERIOUS ILLNESS if parent(s) cannot be reached:**

NAME \_\_\_\_\_ CELL # \_\_\_\_\_ WORK/HOME # \_\_\_\_\_  
NAME \_\_\_\_\_ CELL # \_\_\_\_\_ WORK/HOME # \_\_\_\_\_  
NAME \_\_\_\_\_ CELL # \_\_\_\_\_ WORK/HOME # \_\_\_\_\_

DOCTOR \_\_\_\_\_ OFFICE # \_\_\_\_\_  
HOSPITAL \_\_\_\_\_ ALLERGIES \_\_\_\_\_  
MEDICAL INSURANCE CARRIER \_\_\_\_\_  
POLICY # \_\_\_\_\_  
NOTES \_\_\_\_\_

*In case of EMERGENCY or SERIOUS ILLNESS, I/We request that the school attempt to contact us. If I/We cannot be reached, I/We hereby authorize Greenwood Montessori School to contact the physician indicated on this card and follow his/her instructions. If it is impossible to contact or reach the physician, I/We authorize the school to take whatever steps it deems necessary, including seeking emergency medical treatment. I/We understand that every reasonable effort will be made to use the hospital indicated on this form.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

# Greenwood Montessori School

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## Photo Release

*Occasionally, the teachers photograph children while they are working. We may wish to use these photographs in our newsletters, class albums and/or for parent gifts. We may also wish to use some photographs in our fliers, handbook, newspaper advertising and/or on our social media sites. Additionally, we may, on occasion, wish to videotape our classrooms to be shown to other parents, teachers and/or students, viewed at an Open House or included in our website or social media sites. Please complete this form with this in mind and return to the School today. Thank you!*

### **Photographs**

I/We [ ] **do** or [ ] **do not** authorize Greenwood Montessori School to use photographs of my/our child(ren) \_\_\_\_\_ in its newsletters, class albums and/or for parent gifts.

I/We [ ] **do** or [ ] **do not** authorize Greenwood Montessori School to use photographs of my/our child(ren) \_\_\_\_\_ in its fliers, handbooks and/or newspaper advertising.

I/We [ ] **do** or [ ] **do not** authorize Greenwood Montessori School to use photographs of my/our child(ren) \_\_\_\_\_ in its Website.

I/We [ ] **do** or [ ] **do not** authorize Greenwood Montessori School to use photographs of my/our child(ren) \_\_\_\_\_ on its Social Media Sites.

### **Videos**

I/We [ ] **do** or [ ] **do not** authorize Greenwood Montessori School to videotape my/our child(ren) \_\_\_\_\_ and show those videos to other parents, teachers and/or students or to view them at an Open House.

I/We [ ] **do** or [ ] **do not** authorize Greenwood Montessori School to videotape my/our child(ren) \_\_\_\_\_ and post those videos to our Website and/or Social Media Sites.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please Note:** Greenwood Montessori School is not responsible for parents or other adults using or posting pictures to their social media sites from School activities, including Field Trips, and/or other outside functions, such as birthday parties or play dates, where children from the School may be gathered.

# Greenwood Montessori School

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## Cultural Form

*Dear Parents ~*

*As we plan our classroom celebrations for the year, your input would be very helpful. Please take the time to complete our brief questionnaire below. Our School's philosophy is to celebrate events that are meaningful to all of the children in our program. Therefore, the more we know about all of our families' celebrations, the better we can plan for everyone.*

1. What is your child's cultural heritage (French, Greek, etc.)?

2. Does your family celebrate holidays or special events related to your cultural heritage?

If yes, please tell us a little about them.

3. Would you be willing to come in and share something associated with your family's celebrations that you would like to do with your child's class (cooking, reading an appropriate story, teaching the class a song, etc.)?

If yes, what might that be?

4. What other special events do you celebrate with your family (birthdays, holidays, etc.)?

5. Do you travel to foreign countries? If so, would you be willing to take our World Travel Bag along with you and bring back items for the school (i.e. stamps, foreign currency/coins, artifacts, etc.) to enhance our study of the continents throughout the year?



## What to Bring the First Day of School

*Please make sure that your child has the following items at School on or before his/her first day:*

### **All Children**

1. one or two photographs of your child w/family (for our classroom photo album ~ this helps the children with separation during the first few weeks of school);
2. *at least* one change of clothes (to be kept at school), including socks, underwear (if applicable), shirts and pants,\*
3. simple, non-slip, non-commercial/character slippers;
4. weather-appropriate outerwear (i.e. light jacket in spring/fall; winter jacket, boots, hat/mittens, etc. in winter)

### **Toddlers**

In addition to the items listed above, Toddlers should also bring:

1. a supply of diapers and wipes for use at school

**Full-Day Children** In addition to the items listed for **All Children** above, full-day children should also bring:

1. a nutritious (trashless)\*\* lunch (includes morning Kindergarten Enrichment)
2. resting gear (i.e., sleeping bag, pillow, etc.)

### **Notes & Reminders**

\*Greenwood Montessori School provides individual storage bags for children to store their change of clothes; therefore no backpacks or other storage bags are necessary and should not be brought to school.

\*\*In our efforts to be as “green” as possible, **we have instituted a Trashless Lunch Policy**. Please do your best to send lunch items in reusable containers and cloth napkins, rather than disposable napkins or baggies/foil. **Heatables should come to school in glass containers for reheating, and any beverages included in their lunches should be in a non-spill, reusable cup with a lid or a straw**. Juice boxes should not be sent to school.

**Toys must be left at home, as they are a distraction and/or encourage children to leave the classroom with other friends and enter the hallway without a teacher’s knowledge.** Please be sure that your child leaves any toys at home, or in the car, prior to entering the building. Resting children may bring one (1) small, soft security item for rest time, to be kept at school with their other resting gear.

Please remember to **label all of your child’s belongings** prior to bringing them to School.

Thank you for your cooperation!

