



## ENROLLMENT AGREEMENT

**Important: Please complete every line. State guidelines require that all blanks be filled. ("N/A" or "none" is acceptable where appropriate.)**

My child will attend OFMS: M T W T F 8-12\_\_\_\_ 8-3\_\_\_\_ 7-6\_\_\_\_

Initial Enrollment date\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Birth Date\_\_\_\_

### PART I: STUDENT INFORMATION - Please Print:

Full name of Child:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ Zip\_\_\_\_\_

Mother/Guardian Name:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ Zip\_\_\_\_\_

Employer/Occupation:\_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ EXT:\_\_\_\_\_ Driver's License Number\_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email\_\_\_\_\_

Father/Guardian Name:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ Zip\_\_\_\_\_

Employer/Occupation:\_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ EXT:\_\_\_\_\_ Driver's License Number\_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email\_\_\_\_\_

Please circle: Contact Mom 1<sup>st</sup> or 2<sup>nd</sup> Contact Dad 1<sup>st</sup> or 2<sup>nd</sup>

Parents are: Married\_\_\_\_ Single\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Other\_\_\_\_

If parents are separated/divorced, who has custody:\_\_\_\_\_

Who may we thank for referring you to OFMS? \_\_\_\_\_

*At OFMS we advertise minimally, choosing instead to give our families credit towards tuition when someone they refer enrolls. You too can receive \$300 off your tuition when someone you refer has been enrolled for 90 days!*

**Part 2: SPECIAL MEDICAL CONDITIONS/TREATMENT- Please Print**

Existing Illness or injury: \_\_\_\_\_

Hospitalizations during last 12 months \_\_\_\_\_

Medications prescribed for long-term use \_\_\_\_\_

Additional special care/needs \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Office Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Preferred Hospital Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Special Emergency Transport and Referral Instructions:**

In the event that I and/or the persons listed below cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Oak Forest Montessori School to transport my child for medical attention to any of the providers listed above. I understand that I am financially responsible for any charges incurred for transport and treatment. In the event of minor injury, first aid will be administered and a parent/guardian will be contacted.

**PART 3: SPECIAL ACTIVITIES PERMISSION**

Oak Forest Montessori School HAS MY PERMISSION for my child to participate in water activities.  
\_\_\_ YES \_\_\_ NO

**For children in Kindergarten through Elementary:**

Oak Forest Montessori School HAS MY PERMISSION to transport my child for field trips.  
\_\_\_ YES \_\_\_ NO (Parents will be notified of field trips in advance.)

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART 4: AUTHORIZATIONS**

In case of an **emergency** in which the parents cannot be reached.

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_ Relation \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

In addition to parents listed on 1<sup>st</sup> page of this document, I authorize the individuals listed below to pick up my child. The persons listed below are the **ONLY** persons to whom Oak Forest Montessori School will release your child. Changes in this list must be made in writing and given to the school in advance.

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If you call the school to request someone other than the above persons to pick up your child, the school will need to verify your identity and the identity of the person who comes to pick up your child. This person will not be added to the regular pickup list until we receive permission in writing.

I authorize OFMS to use my child’s picture for internal distributions among the OFMS community. For example, smilebox, classroom emails, yearbooks, classroom projects etc.

\_\_\_\_ YES \_\_\_\_ NO

I authorize OFMS to use my child’s picture for external distributions. For example, website pictures, advertisements, Facebook etc.

\_\_\_\_ YES \_\_\_\_ NO

**Immunization Records/ Physician's Wellness Statement:**

I have provided Oak Forest Montessori School with a copy of my child's most current immunization record, physician's wellness statement.

\_\_\_ YES \_\_\_ NO

I understand these records are necessary to enrollment and failure to provide record will prevent my child from coming under the care of OFMS.

**Vision & Hearing Results (4 years old & older):**

I have provided Oak Forest Montessori School with a copy of my child's most current vision & hearing results.

\_\_\_ YES \_\_\_ NO

**It is my responsibility to provide lunch for my child on a daily basis. Oak Forest Montessori School is not responsible for the nutritional value of my child's lunch.**

**I have filled out this enrollment agreement completely, leaving no blank lines/spaces. By signing below, I approve all permissions, authorizations, etc., granted in the agreement. I have read and accept all policies of Oak Forest Montessori School.**

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**After School Students Only:**

School Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ His/her immunization record is on file and current at the school listed above.

\_\_\_\_\_ His/her hearing and vision record is on file and current at the school listed above.

\_\_\_\_\_ My child has permission to ride the bus/van to OFMS every day after school.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_