

SHENANDOAH MONTESSORI SCHOOL

CHILD REGISTRATION / EMERGENCY FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child (Full Name) | Nickname | Date of Birth | Sex[ ]  M [ ]  F |  |
|  |  |  |
| Address | Home Phone |
|  |  |
| Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed |
|  |
| Child lives with  |
| [ ]  Father [ ]  Mother [ ]  Both Parents [ ]  Guardian(s) :       |

**PARENT(S) / GUARDIAN(S)**

|  |  |  |  |
| --- | --- | --- | --- |
| Father | Place of Employment | Work Phone | Home Phone |
|  |  |  |  |
| Address (if different to child) | Cell Phone | Email Address |
|  |  |  |
| Mother | Place of Employment | Work Phone | Home Phone |
|  |  |  |  |
| Address (if different to child) | Cell Phone | Email Address |
|  |  |  |
| Person(s) or Agency Having Legal Custody of Child (i.e. parents’ names) |
|  |
| Home Address | Home Phone |
|  |  |
| Business Address | Business Phone |
|  |  |

**EMERGENCY INFORMATION**

|  |
| --- |
| Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency |
|  |
| Child’s Physician | Phone |
|  |  |
| Two People to Contact if Parent(s) Cannot be Reached | Full Address, including City, State, Zip Code | Phone |
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| Person(s) Authorized to Pick Up Child |
|  |
| Person(s) NOT Authorized to Pick Up Child\* |
|  |

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
* NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**AGREEMENTS**

**Health and Wellness of the School Community**

1. Shenandoah Montessori School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill, and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if requested by the school. Signs of illness include, but are not limited to, fever greater than 100°F, vomiting, loose or frequent stool, eye redness with discharge, sore throat with trouble swallowing, and spots or rash on the skin.
2. The parent(s)/guardian(s) authorize Shenandoah Montessori School to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, a written statement must be given that states the objection and reason for the objection.
3. The parent(s)/guardian(s) agree to inform Shenandoah Montessori School within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately.
4. Shenandoah Montessori School adheres to guidelines established by the Center for Disease Control (CDC) regarding mask-wearing and the efforts to stop the spread of COVID-19. The parent(s)/guardian(s) agree to abide by the guidelines as set by the school.

**Photography and Videography Release**

1. The parent(s)/guardian(s) agree that Shenandoah Montessori School can use images of the child on the school’s website, social media platforms, and printed publications, such as brochures. If there is an objection to using a child’s image on the school’s website, social media pages, or publications, a written statement should be given that states the objection and outlines any parameters or conditions to be met (i.e., images that do not show a child’s face are acceptable).
2. Shenandoah Montessori School agrees to refrain from using the child’s name or other identifying information in connection with any posted or published images.
3. The parent(s)/guardian(s) agree to refrain from posting photographs or videos taken at the school on social media when the photographs or videos contain images of other children without the consent of their parent/guardian.

**Field Trips and Activities**

1. Shenandoah Montessori School agrees to notify all parents at least 2 weeks in advance of any planned field trips, in-house presentations, or changes to the daily schedule to accommodate a planned activity.
2. In the event of a field trip (kindergarten only), Shenandoah Montessori School will use the services of a licensed and insured transportation company to provide transport to and from the field trip location.
3. The parent(s)/guardian(s) agree to allow their child to participate in in-house presentations, such as puppet shows, science or cultural presentations, or guest speaker events.

**Playground Rules and Guidelines**

1. The parent(s)/guardian(s) agree to abide by the rules and guidelines for playground safety set forth by Shenandoah Montessori School.
2. If a child is using the play equipment “after hours” or after their set pick-up time has passed, the parent(s)/guardian(s) have assumed responsibility for the child and agree not to hold Shenandoah Montessori School liable for injuries sustained while using the playground or play equipment.

**Transportation and Security**

1. The parent(s)/guardian(s) agree to notify Shenandoah Montessori School in writing of any changes, temporary or permanent, to a child’s transportation arrangement. This includes play dates, grandparent or other family members picking up or dropping off the child, and any person unknown to the school staff. Written notification includes a handwritten note or email.
2. Shenandoah Montessori School will NOT release a child into the custody of an unknown person without prior written consent from the parent(s)/guardian(s).
3. A custodial parent shall always be admitted to the school when the child is in the school.
4. Shenandoah Montessori School requires ALL PARENT(S)/GUARDIAN(S) AND PERSONS SIGNING A CHILD OUT OF SCHOOL TO PRESENT IDENTIFICATION TO THE STAFF ON DUTY UPON ARRIVAL for the first time they pick up and any time thereafter if requested by the school.

**SIGNATURES**

I declare that the information provided here is true and correct and of my own personal knowledge. I have read and understand the AGREEMENTS stated above.

|  |  |  |
| --- | --- | --- |
| Father / Guardian (Print Name) | Signature | Date |
|  |  |  |
| Mother / Guardian (Print Name) | Signature | Date  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Administrator | Signature | Date  |
|  |  |  |

**OFFICE USE ONLY**

**IDENTITY VERIFICATION**

Proof of identity is required, but not retained. Please bring an original copy of the child’s birth certificate or other form of proof (below) to the office. The administrator will complete the following section.

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Birth | Birth Date (MM/DD/YYYY) | Birth Certificate Number | Date Issued (MM/DD/YYYY) |
|  |  |  |  |
| Other Form of Proof | Date Documentation Viewed | Person Viewing Documentation |
|  |  |  |

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child’s birth record was previously presented or a copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child’s proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child’s identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the *Code of Virginia* states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

12/21/2021

**FAMILY CONTACT INFORMATION**

The following information will be shared with the class parents. This will allow families to connect outside of school, organize play dates, send birthday party invitations, etc.

You do NOT have to share this information if you do not wish to.

Information shared among the school families is ONLY to be used for the intended purpose and is NOT to be used for other personal or professional reasons.

|  |  |  |
| --- | --- | --- |
| **Child’s Name** | **Mother’s Name** | **Father’s Name** |
|       |       |       |
| **Mailing Address** | **Phone Number** | **Phone Number** |
|       |       |       |
| **Okay to text?** **[ ]  Yes** **[ ]  No** | **Okay to text? [ ]  Yes [ ]  No** |
| **Email Address** | **Email Address** |
|       |       |
| **Other Children** | **Age** |
|       |       |
|       |       |
|       |       |

[ ]  I do not wish to share our family’s contact information with the other parents at this time.