



## **Enrollment Checklist for Parents:**

### **Please fully complete the following forms:**

- Enrollment Form and Emergency Contacts, Authorized Persons to Pick Up Child
- Health and Medical Issues Form (including authorization for emergency medical care)
- General Health Appraisal Form (including Health Provider/Physician form; immunization form to be provided by doctor)
- Field trip Form
- Sunscreen Permission Form
- Photo Permission Form

### **Fees:**

- \$ 160 application fee accompanies Application Form (non-refundable, can apply for up to 1 year)
- Enrollment fee accompanies the forms in this packet and is equal to the first month's tuition. It must be paid to secure the starting date and days of the week that you desire.
- Payment is accepted by check, money order or cash.



## Enrollment Form

Today's Date \_\_\_\_\_ Desired Start Date \_\_\_\_\_ Nr Days/wk \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Child's address \_\_\_\_\_

Home phone \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_\_

A. Mother's/Guardian's Name and address if different from child's:

\_\_\_\_\_

Name of employer:

\_\_\_\_\_

Address & phone of employer: \_\_\_\_\_

B. Father's/Guardian's Name and address if different from child's:

\_\_\_\_\_

Name of employer:

\_\_\_\_\_

Address & phone of employer: \_\_\_\_\_

Mother/Guardian's Cell ph \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian's Cell ph \_\_\_\_\_ Email \_\_\_\_\_

Special instructions for reaching either person:

\_\_\_\_\_

\_\_\_\_\_



**Emergency Contacts (other than parent/guardians)**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(work) \_\_\_\_\_ other: \_\_\_\_\_

What is the best way to reach him/her? \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(work) \_\_\_\_\_ other: \_\_\_\_\_

What is the best way to reach him/her? \_\_\_\_\_

**Authorized Persons to Pick up your Child  
(other than parent/guardians)**

Same as Emergency Contacts?    Yes    No

Other than Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(work) \_\_\_\_\_ other: \_\_\_\_\_



**Health and Medical Issues (updated annually)**

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Name of Child's Physician or Medical Provider:

\_\_\_\_\_

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

Name of Child's Dentist: \_\_\_\_\_

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

Hospital of Preference: \_\_\_\_\_ Phone \_\_\_\_\_

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

Chronic medical conditions, allergies, special needs:

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

Medical Insurance:

\_\_\_\_\_

Authorization for emergency medical care and transportation:

In the event of an emergency I hereby give my permission for child care staff to access 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## General Health Appraisal Form

Parents: please complete and sign.

Child's name \_\_\_\_\_ Birth date \_\_\_\_\_

Diet: for Infants (check one): Breast fed \_\_\_\_\_ Formula \_\_\_\_\_

For Toddlers: Any special diet?: \_\_\_\_\_

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For children wearing diapers: \_\_\_\_\_ preventive skin care cream can be applied to any skin that is not broken or bleeding.

I, \_\_\_\_\_ give consent for my child's health care provider to discuss my child's health concerns with Heart and Hands staff.

Parent/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

Health Provider/Physician: please complete this form after the parent has signed the portion above.

Date of most recent health appraisal: \_\_\_\_\_ Weight \_\_\_\_\_

Physical Exam: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Specify any additional information: \_\_\_\_\_

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Allergies: none or describe \_\_\_\_\_

Type of reaction: \_\_\_\_\_

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## General Health Appraisal Form (continued)

Significant health concerns:

severe allergies \_\_\_\_\_ reactive airway disease \_\_\_\_\_

asthma \_\_\_\_\_ seizures \_\_\_\_\_

diabetes \_\_\_\_\_ hospitalizations \_\_\_\_\_

developmental delays \_\_\_\_\_

behavioral concerns \_\_\_\_\_

vision \_\_\_\_\_ hearing \_\_\_\_\_

dental \_\_\_\_\_ nutritional \_\_\_\_\_

other \_\_\_\_\_

Explain above concern and any special instructions to care givers:

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Current medications/Special Diet: None \_\_\_\_\_ or Describe

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Immunizations: Up to Date \_\_\_\_\_, Immunization record attached \_\_\_\_\_,

Administered today \_\_\_\_\_

Physician/Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office stamp or please write name, address, phone number.

The Colorado Chapter of the American Academy of Pediatrics and Healthy Child Care Colorado has approved this form. The AAP recommends that children have health visits at 2, 4, 6, 9, 12, 15, 18, 24, and 36 months.

Heart and Hands Montessori, LLC

Center for Infants and Toddlers

1355 Forest Park Cr. Suite 100 303-444-0181

[susan@heartandhandsmontessori.com](mailto:susan@heartandhandsmontessori.com) [www.heartandhandsmontessori.com](http://www.heartandhandsmontessori.com)



## Field Trip Authorization

Child's Name \_\_\_\_\_

Infants and toddlers take supervised walks either on foot or in the stroller in the forest park and neighborhood.

I understand that the teachers will always inform the office of the time of these walks and the expected return.

I give my permission for my child to take walks when scheduled.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Sunscreen Permission Form

Child's Name \_\_\_\_\_

I agree to apply sunscreen to my child each morning spring through late fall (for those children older than 6 months).

I give my permission for the teachers to apply my child's sunscreen to him/her in the afternoon.

The brand and strength of the sunscreen we use is:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Photograph Permission Form

Child's Name \_\_\_\_\_

I agree to let Heart and Hands Montessori photograph my child and use his/her photograph for

\_\_\_\_\_ use by teachers and for record-keeping (internal use only),

\_\_\_\_\_ class photos (go to families only),

\_\_\_\_\_ brochures or other printed materials,

\_\_\_\_\_ website or other online sites such as facebook.

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Signature

Date