



Student Information 2018-2019

Last Name: _____		First Name: _____	
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Age: _____ (as of 9/01/17)	Birth date: _____
Home Address: _____		_____	
Street		City	State Zip
Home Phone: _____		Day time phone: _____	
(if we need to reach you during school hours)			

Parent's Marital Status: Married/ Partners Divorced Single Student's Residence: Both Parent 1 Parent 2 Guardian

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Address: _____	Address: _____
Cell Phone: _____	Cell Phone: _____
Business Phone: _____	Business Phone: _____
E-mail: _____	E-mail: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer city: _____	Employer city: _____

Person(s) to call if we are unable to reach a parent or guardian that is listed above:		
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Physician: _____ Phone: _____

<p>Allergies, please mark all that apply and complete the allergy form. Add others as needed.</p> <p><input type="checkbox"/> Peanuts <input type="checkbox"/> Tree nut <input type="checkbox"/> Dairy <input type="checkbox"/> Egg <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish</p> <p>Other(s): _____</p> <p>Food restrictions, please mark all that apply. Add others as needed.</p> <p><input type="checkbox"/> Beef <input type="checkbox"/> Poultry <input type="checkbox"/> Pork <input type="checkbox"/> Fish <input type="checkbox"/> Dairy</p> <p>Other(s): _____</p> <p>Allergy related comments: _____</p> <p>Is your child taking any prescribed or over the counter medication(s) regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____</p> <p>Does your child have any vision or hearing problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____</p>



Student's Name _____

Class _____

Transportation Form

A written note must be submitted to the office if your child will be picked up by anyone not listed on this form. Otherwise, your child will not be released.

Dismissal Information:

Only the people listed (other than parents/guardians), have permission to transport my child from school:

Name	Car/Make/Model	License Plate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Before and After School

If your child needs to be at FVMS earlier or later than his/her contracted program, there is an additional charge of \$10 per hour. Please contact the office to make arrangements ahead of time. We will try to accommodate you whenever possible. However, we must take into consideration the number of children in attendance at the time you are requesting and ensure that we will be adequately staffed to accommodate any additional children. The charge will be applied to your account.

Late Pick-up

FVMS closes at 6:00p.m. Parents of children picked up after 6:00 p.m. will be charged at the firm rate of \$5.00 per minute. For those children picked up later than their normal dismissal time of 11:15 a.m., 11:30 a.m. or 3:00 p.m., there will be a \$10 fee. In addition, there will be a \$10/hour charge for each hour thereafter. After three late pick-ups, FVMS reserves the right to remove the child from school immediately. If a child is not picked up within one hour of contracted time, and we are unable to contact the parents or someone on your emergency list, we will contact the police and DCFS.

Pesticide Notification Request

Fox Valley Montessori School follows the Illinois Department of Health Act 415 ILCS 65/6 and 415 ILCS 60/. FVMS is establishing a registry of people who wish to be notified prior to pesticide and lawn products applications. To be included in this registry, please sign below.

Yes No I would like to be notified two days before the use of pesticides or lawn care products at the school. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as possible.

Parent/Guardian Signature

Date



Student's Name _____

Class _____

Permission Form 2018-2019

Special Activities Permission:

Permission is hereby given for my child to go on field trips organized by Fox Valley Montessori School. I understand that I will be notified in advance of such field trips. *Please note: if your child is not over 8 years old, or 80 pounds, a car seat must be provided in order for your child to participate if we are not using a school bus.*

Parent/Guardian Signature

Date

Emergency Treatment

In the case of a severe accident or student illness, I authorize Fox Valley Montessori School to obtain emergency care for my child. I understand that I will bear financial responsibility for costs incurred.

Parent/Guardian Signature

Date

First Aid/Medication

Medication can only be administered at school as prescribed by a physician. Medication must be sent through the school office and verified with a physician's prescription. This applies to both prescription and over the counter medication. If a parent wishes, they may come to school and give their child over the counter medication themselves, and must remain at the school for 30 minutes after administering the medication, to insure that the child does not have any negative reaction to the medication. Medication forms for physicians only to fill out are available at the school office. Any medication that is to be administered to a child **must** be brought to the office, in its original container, and an authorization to dispense medication must be signed by the parent. **No medications should be sent in a child's backpack or lunchbox.** All medications will be dispensed by the office staff. A limited amount of first aid can be administered at school. We cannot administer topical antiseptic.

Parent/Guardian Signature

Date

Student Directory

Along with my child's name, I give my permission to list our home phone, cell phones, address, emails and names in the Fox Valley Montessori School student directory. Yes No

Photographs and Videotaping Consent

I give permission for Fox Valley Montessori School to take pictures of my student and/or their work or use video in the following ways:

- | | | | |
|----------------------------------|--|------------------------------------|--|
| Web (email newsletter) | <input type="checkbox"/> Yes <input type="checkbox"/> No | You may identify my child by name. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Media | <input type="checkbox"/> Yes <input type="checkbox"/> No | You may identify my child by name. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Yearbook | <input type="checkbox"/> Yes <input type="checkbox"/> No | You may identify my child by name. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Print (marketing/newsletter/etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No | You may identify my child by name. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Parent/Guardian Signature

Date