

Student Enrollment Forms

Please complete and sign all forms before your child begins school.



400 Cloverdale Drive
Council Bluffs, Iowa 51503
712-325-8346

Child Record

Name: _____ Birthday _____

Goes by: _____ Gender _____

Address: _____ City _____ Zip _____

Parent 1: _____ Occupation: _____

Work Address _____ Phone: _____

Cell/HomePhone: _____ Email _____

Preferred Method of Contact: _____

Parent 2: _____ Occupation: _____

Work Address _____ Phone: _____

Cell/Home Phone: _____ Email _____

Address if different than child _____

Preferred Method of Contact: _____

Circle Marital Status Married Single Separated Divorced Widowed

Others living in the home (name age and relationship)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Circle Hospital Choice Methodist Jenny Edmundson CHI Mercy

Child's Doctor's Name _____ Phone: _____

Doctor's Address _____

Insurance: _____ ID Number _____

Child's Dentist's Name _____ Phone: _____

Dentist Address _____

Insurance: _____ ID Number _____

Specialist Name: _____ Phone: _____

If in the event of an emergency, Montessori Children's House is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if MCH is unable to immediately make contact with the parents/guardian. During an emergency MCH is authorized to contact the following person when parent or guardian cannot be reached.

Alternate Emergency Contact:

Name: _____

Relationship to child: _____ Phone: _____

Signature _____ Date _____

Pick Up Permission

Child's full Name: _____

I, _____ (Parent/Guardian) give permission for my child to leave MCH, 400 Cloverdale Drive, Council Bluffs, IA with the persons named below. I understand that it is my responsibility to notify MCH, in writing, of any changes.

Name	Relationship	Phone Number
	Parent 1	
	Parent 2	
	Emergency Contact	

If there is a separation or divorce custody issue of which we should be aware, please explain: _____

Names of persons who MAY NOT pick up the child:

Parental Consent (please initial the following)

MCH has permission to take pictures of my child _____, display in the classroom _____, share on MCHCB.com _____, and post on Montessori Children's House Facebook page _____.

I am aware that a copy of the handbook is available on MCHCB.com. I have read and understand the policies covered in the handbook. I understand failure to comply with MCH policies may result in my child's dismissal. _____

I give permission for my child to participate in field trips sponsored by MCH. You will be notified in advance of supervised field trips. _____

Signature _____ **Date** _____

Food Allergies: _____
Reactions: _____
Prescribed Treatment: _____
(Anaphylactic reactions require an action plan signed by a medical professional)
Food sensitivities: _____
Reactions: _____
Foods that should be avoided: _____
Please complete the Diet Modification page if needed on MCHCB.com

Is this your child's first school experience? _____
Does your child have other children to play with? _____

Does your child get along with other children? _____

Does your child have a hand preference? _____
How would you describe your child's personality/temperament? _____

Does your child have any known fears? _____

Does your child accept new people easily? _____

What activities does your child enjoy? _____

Does your child have any special interests, talents, or abilities? _____

Do you have any developmental concerns? Please include any information from specialists that will be helpful to your child's teacher. _____

What general knowledge does your child have of letters, numbers, shapes, etc.? _____

Other information/General Comments:

Signature _____ **Date** _____

Volunteer Statement

I, _____ have never been convicted of any crime in any state, nor have I, ever had any founded child abuse or dependent adult abuse in any state.

OR

I, _____ have been convicted or have a founded child abuse or dependent adult abuse report. The crime (other than minor traffic offenses such as speeding, stop signs violations, parking tickets) or founded child abuse or dependent adult was for _____ and was committed in _____ (city, county, state) approximately _____ (date). I feel the following information should not be considered when reviewing this information. (Circumstances or issues surrounding the crime or founded abuse report, treatment or rehabilitation following the crime or report, steps taken to report the matter). Please feel free to provide this information on the back of this form or attach additional pages as needed. I understand this information will be held in strict confidence by the MCH.

AND

If after the above statements I, _____ am convicted of any crime in any state or have any record of founded child abuse or dependent adult abuse in any state it is my responsibility to report this information immediately to my supervisor prior to volunteering again at MCH.

I, _____ understand as a volunteer I am a mandatory reporter of child abuse, but I am exempt from having to complete the minimum of two hours of Iowa's Mandatory Reporters of Child Abuse training. I understand my responsibilities and have the child abuse reporting policy.

AND

I _____ indicate that I have no communicable diseases or other health concerns that would pose a threat to the children or other staff at MCH.

Signature _____ Date _____

All volunteers will sign the above statements.

All volunteers that are to be counted in child:staff ratio will also complete Form 595-1396(Criminal Record Form B) and will submit to MCH director immediately.