



**Livingston Montessori School**  
*Education for Life*

# Admission Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child lives with:  Mother  Father  Both  Other : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Meals Served to Child:  Breakfast  Lunch  P.M. Snack

Days Child Will Attend School:  M  T  W  T  F Hours Child Will Attend: \_\_\_ am to \_\_\_ pm

Mother's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Give name, address and phone number of person to call in case of an emergency if parent/guardian cannot be reached**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**I hereby authorize Livingston Montessori to allow my child to leave ONLY with the following persons**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check all that apply:**

Transportation: I hereby  give  do not give – consent for my child to be transported and supervised by facility's employees.  On field trips  To/From School

Water Activities: I hereby  give  do not give – consent for my child to participate in water activities:  
 Sprinkler Play  Splashing/Wading Pools  Water Table Play

Field Trips: I hereby  give  do not give – consent for my child to participate in field trips

Parent's Comments: \_\_\_\_\_

Photography: I hereby  give  do not give – consent for pictures or videos to be taken of my child which may or may not be posted to Livingston Montessori website.

Receipt of Written Livingston Montessori School Policies

I acknowledge receipt of the operational policies including those for discipline and guidance.

**After-School Students**

My child attends the following school:

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

- His/Her immunization record is on file at the school and all immunizations and tuberculosis tests are current.
- My child has permission to  ride a bus,  walk to and from school, and/or  be released to the care of his/her sibling(s) under 18 years old. Please list sibling names:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Special Consideration**

Are there any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, medication prescribed for long-term continuous user or any other information which the staff should be aware of?  None known  Yes (please list below)

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**Tuition and Payment Terms**

I agree to pay tuition of \$ \_\_\_\_\_ a week in advance on the first day of each week, whether I received a statement or not. A \$10 late fee will be added if tuition is not paid by Tuesday of the same week. I understand there will be no tuition deductions for holidays, illnesses, or other reasons.

If tuition is paid monthly, it is due on the first day of each month.

If enrollment ends without two weeks notice, your account will be charged for the two weeks tuition.

Thank you for enrolling your child in our program. Please tell us how you heard about us.

- Friend
- Online
- Billboard
- Radio
- Newspaper
- Drove By

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

\_\_\_\_\_  
Date



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# Health Requirements

**Every child must have a current immunization record on file before admission begins**

## Authorization for Emergency Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent for this facility to secure any and all necessary emergency care for my child.

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

## Health Examination

One of the following must be presented when your child, under the age of 5 years, is admitted to Livingston Montessori School or within one week of admission. Check to indicate the option you select:

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

A form or written statement from a physician, health service or clinic.

If you do not have any of the above:

**Parent's Statement:** My child has been examined within the past year by a health care professional and is able to participate in Livingston Montessori's program. Within 12 months of admission, I will submit a health care professional's statement to Livingston Montessori School. My child was examined by the health care professional listed below.

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

I am excluding my child from the immunizations for reasons of conscience, including religious belief. I have attached an official notarized affidavit form from the Department of State Health Services. I understand this affidavit is valid for 2 years.

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

\_\_\_\_\_  
Date