

2016-2017
information update
Please complete
both sides

THE MONTESSORI SCHOOL OF THE ANGELS, INC.

St. George Campus

1180 American Legion Highway/P.O. Box 1570

Westport, MA 02790

UPDATE OF STUDENT INFORMATION

NAME (S) OF CHILD/CHILDREN:	1	Grade:
	2	Grade:
	3	Grade:
	4	Grade:

ADDRESS: _____

TELEPHONE NUMBER: _____

MOTHER'S NAME: _____

HOME ADDRESS (if different than child): _____

TELEPHONE NUMBERS: (HOME) _____ (WORK) _____ (CELL) _____

E-MAIL ADDRESS: _____

MOTHER'S EMPLOYER: _____

EMPLOYER ADDRESS: _____

HOURS TO BE REACHED AT WORK: _____

FATHER'S NAME: _____

HOME ADDRESS (if different than child): _____

TELEPHONE NUMBERS: (HOME) _____ (WORK) _____ (CELL) _____

E-MAIL ADDRESS: _____

FATHER'S EMPLOYER: _____

EMPLOYER ADDRESS: _____

HOURS TO BE REACHED AT WORK: _____

PARENTS ARE: _____ MARRIED: _____ SEPARATED: _____ DIVORCED: _____

(If separated or divorced) - child/children lives/live with: _____

PERSON/PERSONS AUTHORIZED FOR PICK-UP

For the protection and security of your child, our school requires that all children be released to authorized adults properly identified by I.D. cards issued by the Montessori School of the Angels, Inc.

This policy applies to parents, guardians, and persons designated by parents.

NAMES OF AUTHORIZED ADULTS: _____ RELATIONSHIP: _____

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NAME(S) OF CHILD/CHILDREN:	Existing Allergies or New Allergies	Emergency medications kept at school
	PLEASE LIST BELOW:	

PERSON TO CALL IN AN EMERGENCY SITUATION

PARENTS: First person to call: (circle one or both) Mother Father

NON-PARENTS: In an emergency, if I cannot be reached, I authorize the school to call any person named below to pick up my child from school:

1. Name: _____ Relationship: _____
 Address: _____ Telephone No: _____

2. Name: _____ Relationship: _____
 Address: _____ Telephone No: _____

3. Name: _____ Relationship: _____
 Address: _____ Telephone No: _____

CONSENT FOR FIRST AID (Please answer yes or no)

I understand that teachers at The Montessori School of the Angels, Inc., are trained in the basics of First Aid, and I authorize them to give my child first aid when appropriate. _____

SPECIAL EMERGENCY

Time can save lives. In case of a special emergency, would you allow the school to bring your child to a hospital? _____

If you have answered yes, complete the following:

In such emergency cases, I authorize the school to transport my child to the nearest hospital by means of ambulance. _____

IT IS MY INTENTION THAT THIS CONSENT BE EFFECTIVE ONLY AND FOR THE ENTIRE 2015-2016 SCHOOL YEAR

SIGNED: _____ DATE: _____

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NAME(S) OF
CHILD/CHILDREN:

PERMISSION FOR THE PUBLICATION OF PICTURES AND NAMES OF CHILDREN

Pictures are sometimes taken of children during special events at The Montessori School of the Angels, Inc. Requests may be made for these pictures and the names of the children to appear in the newspaper or other publications. Please indicate your wishes in regards to your child or children.

I **do** give permission _____ I **do not** give permission _____

Also, pictures may be taken of the children working in their classrooms or at school events to be placed on the web page or facebook. **Names would not be listed with the pictures.**

Please indicate your wishes with regards to your child or children.

I **do** give permission _____ I **do not** give permission _____

SIGNED: _____ DATE: _____

FOR ELEMENTARY STUDENTS

PERMISSION TO WALK OR RIDE WITH PARENTS OR TEACHER VOLUNTEERS
TO ST. GEORGE CHURCH

The children will be going to St. George Church for Mass or to say the rosary during the school year. They will either walk or be transported by parent volunteers or teachers.

Please note that Massachusetts State Motor Vehicle Law mandates that any child under the age of 8 or under 4' 9" tall must be restrained in a booster seat. Therefore, parents of any child who fits this criteria will be responsible for either providing transportation to and from church on the specified days or providing a booster seat labeled with the child's name for parents or teachers who will be providing transportation.

If you do not give permission for your child to be transported by a parent volunteer or teacher you must provide transportation for your child since attending Mass or saying the rosary is part of the curriculum.

I **do** give permission _____ I **do not** give permission _____

SIGNED: _____ DATE: _____

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NAME(S) OF
CHILD/CHILDREN:

INSURANCE INFORMATION

The insurance carrier requires that we offer, at a cost to you, accident insurance for your child/children unless your child/children is/are already covered. If you choose not to insure your child/children, you must provide proof that your child/children is/are insured.

I **do** need to purchase accident insurance

I **do not** need to purchase accident insurance

SIGNED: _____ DATE: _____

Health Insurance Company: _____

Policy Number: _____