

Student's Name _____ **Today's Date** _____

Age: _____ Date of Birth: _____ Gender: _____

Address: _____

Student's Living Arrangements: [] both parents [] mother [] father [] other: _____

Student's Legal Guardian(s): [] both parents [] mother [] father [] other: _____

Mother's Information

Mother's Name: _____

Address [if different from Student's Address]: _____

Email Address: _____

Cell Number: _____ Home Number: _____

Workplace: _____ Work Number: _____

Workplace Address: _____

Father's Information

Father's Name: _____

Address [if different from Student's Address]: _____

Email Address: _____

Cell Number: _____ Home Number: _____

Workplace: _____ Work Number: _____

Workplace Address: _____

Please list any food, insect, drug, or other allergies your child has below, or write NONE.

My child, [_____], Date of birth: _____],

may be released to the person(s) signing this agreement or to the following:

Emergency Contacts (Contacts will be contacted when parents cannot be reached in the order listed below. Unfamiliar contacts will be required to show ID prior to child being released. **A minimum of three contacts is required.**)

Name: _____ Phone Number: _____

Address: _____

Relationship to the Student: _____

Other Identifying Information (if any): _____

Name: _____ Phone Number: _____

Address: _____

Relationship to the Student: _____

Other Identifying Information (if any): _____

Name: _____ Phone Number: _____

Address: _____

Relationship to the Student: _____

Other Identifying Information (if any): _____

Name: _____ Phone Number: _____

Address: _____

Relationship to the Student: _____

Other Identifying Information (if any): _____

Child's Doctor/Clinic Name: _____ Phone: _____

Should my child suffer an injury or illness while in the care of Liberty Eagle Academy, and the facility is unable to contact me (us) immediately, I (we) authorize Liberty Eagle Academy to secure such medical attention and care [including that of emergency services] for the child as may be necessary. I (We) shall assume responsibility for payment for medical services.

Parents' Signatures

Date

Directress' Signature

Date

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS AND MEDICATION AUTHORIZATION PROCEDURE

I give Liberty Eagle Academy staff permission to apply the following topical ointments/preparations to my child, _____, in accordance with the directions on the label of the container. Please specify a specific type of each of the following, if necessary.

Parent Provided [ALL ITEMS MUST BE LABELED WITH CHILD'S NAME]:

- ___ Sunscreen
___ Insect Repellent
___ Non-prescription ointment [e.g. Vaseline]
___ Baby Wipes
___ Other (please specify): _____

School Provided:

- ___ Band-aids
___ Antibiotic ointment [e.g. Neosporin]
___ Antiseptic spray [e.g. Bactine]
___ After-insect-sting swabs/spray [e.g. Soothe-a-Sting]

MEDICATION AUTHORIZATION PROCEDURE

Please note that prescribed ointments/preparations will require a Medical Authorization Form. Before any prescribed ointment or medication is dispensed to my child, I will complete a Medication Authorization Form [detailing the date, child's name, medication, prescription number, dosage instructions, and date/time medication is to be administered]. Prescription medication must be in the original container with my child's name on it. Prescribed medication will be returned directly to the parent/guardian.

Parents' Signatures

Date

STUDENT'S BACKGROUND

Student's Name: _____ Today's Date: _____

Please describe your child's typical eating habits. Please include typical beverages consumed, any food preferences/aversions, any meal-time routines you may have at home, and any other details you think might be helpful.

Does your child have any special needs, or require any special accommodations [including any helpful educational or behavioral modifications]?

Has your child ever been referred to or received services [possibly for speech, behavioral, or learning aids]? Does your child currently receive any services?

Has your child attended Montessori school previously? Yes No
Please detail your child's previous school experiences, including years attended.

Does your child speak another language? If yes, what is the primary language?

Does your child have any siblings? If yes, please list their names and ages.

Does your child get along with siblings and/or peers?

What forms of discipline do you use at home? How does your child respond?

Student's Name: _____ Today's Date: _____

Using a scale of 1-5 [where 1 is the most effective and 5 is the least effective], please indicate which of the learning styles below is most effective for your child.

Visual [learns best by seeing]: _____

Auditory [learns best by listening]: _____

Verbal [learns best by talking it through]: _____

Experiential [learns best by doing]: _____

Solitary [learns best solo]: _____

Social [learns best in a group]: _____

What are some of your child's strengths?

What are some of your child's weaknesses?

Does your child enjoy working independently on tasks?

Does your child enjoy reading books? Often Sometimes Rarely

What types of books does your child gravitate towards most often?

What are a few of your child's favorite activities [indoor and outdoor] at home?

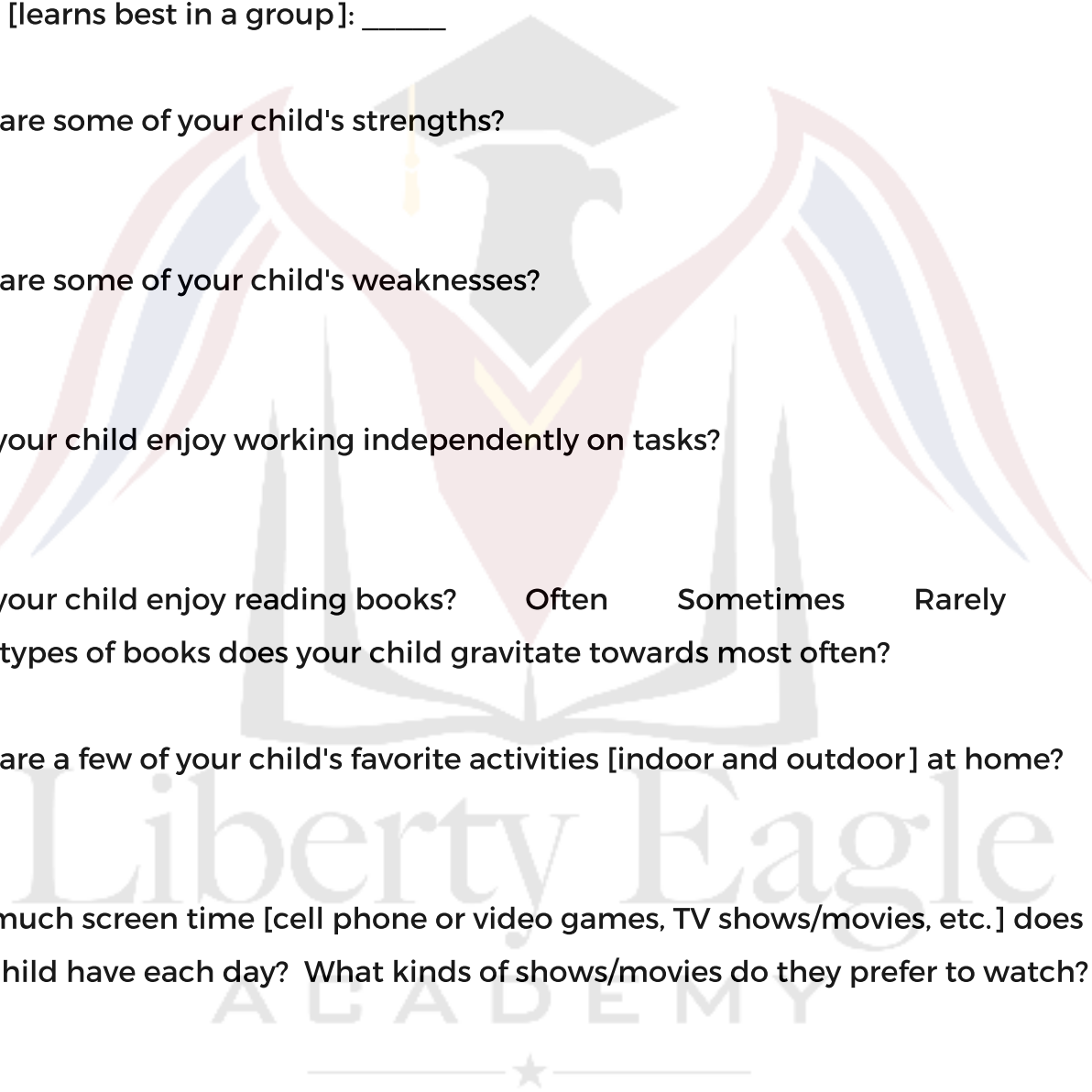
How much screen time [cell phone or video games, TV shows/movies, etc.] does your child have each day? What kinds of shows/movies do they prefer to watch?

Future Preferences:

Are there any extracurricular activities you would like your child to participate in [for example, yoga, piano, dance, Spanish, French, etc.]?

What are your goals for your child in our Montessori program?

LEARNING STYLE AND PREFERENCES



PARENT AGREEMENT FORM

Liberty Eagle Academy heartily encourages parent involvement. We ask that both parents read and initial next to each of the expectations below.

____ I have read and understood the contents of the Parent Handbook, and I understand that policies may be amended on occasion.

____ I understood the importance of attendance during the school year, including the importance of arriving on time (by 8:15am).

____ I will contact the School if there is a change in who will pick up my child, if my child will be absent, tardy, or leaving early for any reason, or if my child has been diagnosed with a contagious illness.

____ I will make sure my child's immunizations are current and provide an updated copy of my child's records throughout the year.

____ I will keep the School informed of my child's allergies and severe allergic reactions, especially if anything changes.

____ I will inform the Directress of any changes to my address, phone number(s), workplace, guardianship, changes in emergency contacts, child's physician, or other relevant information.

____ I understand that my participation is encouraged in facility activities including school events and parent conferences.

____ I am aware of the fee policies for late tuition payments, returned payments, late pick-ups, and drop-ins to Early/Late Stay.

____ I understand that Liberty Eagle Academy will obtain my written authorization prior to my child participating in field trips or activities involving water more than 2 feet deep.

____ I understand that Liberty Eagle Academy will communicate any incident or accident that affects my child's health or well-being, as well as my child's progress throughout the year.

____ I understand that Liberty Eagle Academy reserves the right to terminate this agreement of childcare.

____ I hereby agree to indemnify and hold harmless Liberty Eagle Academy for any and all liabilities or injuries to my child that are not directly the result of staff's gross negligence.

____ OPTIONAL: I allow the School to use photos of my child for school albums and marketing (child's name will not be revealed).

____ OPTIONAL: I would like to occasionally receive pictures of my child's day via text messaging.

____ Parents' Signatures

____ Date