

**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

**FIRST AID PROCEDURES**

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. At Liberty Eagle

Academy, we use the following: Band-aids, Ace bandages, first aid tape, antibiotic ointment/rinses, antiseptic spray, after insect sting spray, ice packs, calamine lotion, baby wipes, and vaseline. If you do not want us to use any of the above, please list here:

\_\_\_\_\_.

**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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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 (circle)? 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?

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

PARENT AGREEMENT FORM

Liberty Eagle Academy heartily encourages parent involvement. Please read and initial below.

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

\_\_\_\_\_ I understand 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 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.

By signing below, I agree to above, and understand the School may use photos that contain my child(ren) for school albums, social media, and marketing. I also am aware that the school contains a closed circuit camera system for internal review.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date