

2023  
2024

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Child's Sex: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

**Mother's Information**

Mother's Name: \_\_\_\_\_

Address [if different from Child's Address]: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Number: \_\_\_\_\_

Workplace Address: \_\_\_\_\_

**Father's Information**

Father's Name: \_\_\_\_\_

Address [if different from Child'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 Child: \_\_\_\_\_

Other Identifying Information (if any): \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Other Identifying Information (if any): \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Other Identifying Information (if any): \_\_\_\_\_

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

Address: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

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 authorize Liberty Eagle Academy to secure such medical attention and care [including that of emergency services] for the child as may be necessary. I shall assume responsibility for payment for medical services.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Directress' Signature

\_\_\_\_\_  
Date

**FIRST AID 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. 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 aforementioned, 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

**Child's Background:**

Does your child have any special needs, or require any special accommodations?

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

Are the child's parents divorced? If yes, what are the custodial arrangements?

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

Does your child take a daily nap? If yes, please elaborate on general length.

For naptime and/or bedtime, please describe any methods you use to help your child fall sleep [e.g. a sound machine, special lovey/blanket, rub their back, etc.]

Will this be your child's first experience in a school? If not, please elaborate on prior daycare/school experiences.

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. (If Infant- Feeding Plan will be filled out- separate form).

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

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Milestones [please write in the approximate age your child achieved the following, if applicable, along with any other information you wish to include]**

Crawled: \_\_\_\_\_ Walked: \_\_\_\_\_ Ran: \_\_\_\_\_ Climbed: \_\_\_\_\_

**Large Motor Skill Acquisition: Please circle the skills your child has mastered.**

Stacks blocks      Climbs stairs      Descends stairs      Carries bulky items  
Jumps on both feet      Jumps on one foot      Jumps on a trampoline  
Rides a tricycle/scooter      Rides a bicycle with training wheels      Rides a bicycle

Other: \_\_\_\_\_

**Small Motor Skill Acquisition: Please circle the skills your child has mastered.**

Self-feeds using hands      Uses silverware      Drinks from an open cup  
Uses a crayon      Uses a paintbrush      Uses a pencil      Uses scissors  
Completes knobbed puzzles      Puts on own shoes      Dresses self

Other: \_\_\_\_\_

**Current Activity Preferences:**

Please circle which of the below items your child enjoys playing with:

Sand      Dirt      Paint      Clay/Play-Doh      Water

Does your child show an interest in books (circle one)?

Often      Sometimes      Rarely

What are a few of your child's favorite activities at home?

Are there any extracurricular activities you would like your child to participate in [or are they already participating in any] when they are at an appropriate age? [for example, yoga, piano, dance, Spanish, French, etc.]

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

PARENT AGREEMENT FORM

Liberty Eagle Academy heartily encourages parent involvement. We ask that you 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.

By signing below, I agree with above, and understand the School may use photos that include my child for school albums, social media, and marketing. I also am aware that the school has a closed circuit camera system for internal review.

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

\_\_\_\_\_  
Date