The Curious Minds Montessori School

Ashgarten Rd, Chantilly, VA 20152

Phone: 703-722-1428 **Fax: 716-989-4563** **Email: info@thecuriousminds.org**

EMERGENCY AND OTHER INFORMATION

TIMINGS & TRANSPORTATION		
Child's Drop off time:	Child's Pick up time:	Tuition for that schedule:
Authorized Pick up Person(s)		
NOT Authorized Pick up Person(s)*		

*Appropriate legal paperwork is required if a parent

LUNCH SELECTION *(Please circle any one choice)*		
Regular	Vegetarian	No lunch

*****At the Curious Minds, we believe that a wholesome and nutritious meal majorly contributes to the development of your child. Our meal program emphasizes whole grains, protein, fruits and vegetables. Lunch is included in the tuition and will be served to all children ready to eat regular food versus pureed or mashed food.

PERMISSION		
SMS alerts & notifications from TCM	Yes *(Initial)*	No *(Initial)*
Media release of my child's photo/video within TCM	Yes *(Initial)*	No *(Initial)*
Media release of my child's photo/video to the public	Yes *(Initial)*	No *(Initial)*
Field trip on TCM's mode of transport	Yes *(Initial)*	No *(Initial)*
Field trip on parent initiated private mode of transport	Yes *(Initial)*	No *(Initial)*
Field trip attendance*	Yes *(Initial)*	No *(Initial)*

*****If you do not permit your child to participate in the field trip, then the child will need to stay home on that day. Field trips are only scheduled for the Primary program children.

PARENT INFORMATION		
Father's Name	Father's Employer	
Employer Address		
Father's Occupation	Father's Email	
Father's Home Phone	Cell	Work
Father's Home Address		

City	State	ZIP
Mother's Name	Mother's Employer	
Employer Address		
Mother's Occupation	Mother's Email	
Mother's Home Phone	Cell	Work
Mother's Home Address		
City	State	ZIP

LEGAL GUARDIAN/AGENCY INFORMATION		
Name	Employer	
Occupation	Home Phone	
Business Phone	Cell Phone	Email
Business Address		
City	State	ZIP
Home Address		
City	State	ZIP

SICKNESS COMPLIANCE POLICY
The parent(s)/guardians will pick up the child as soon as TCM informs them that their child is sick. *(Initial)*
The parent(s)/guardians agree to inform TCM within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board Of Health, except for life threatening diseases which must be reported immediately. *(Initial)*

EMERGENCY INFORMATION	
Allergies/Intolerance	Actions to be taken
First Day of Attendance	Last Day of Attendance
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed	
Child's Physician	Physician's Phone
Physician's Address	
Child's Dentist	Dentist's Phone

Dentist's Address	
Insurance Company	Policy ID #
Emergency Contact Person 1	Address
Preferred Phone #1	Preferred Phone #2
Emergency Contact Person 2	Address
Preferred Phone #1	Preferred Phone #2

AUTHORIZATION TO SEEK MEDICAL ATTENTION	
I hereby authorize the Curious Minds personnel to seek medical attention for my child in case of an emergency. I also authorize the Curious Minds personnel to transport my child to the appropriate medical facility in the event that urgent/emergency care becomes necessary. The hospital and its medical staff have my authorization to provide any treatment which they deem necessary for the welfare of my child.	
Parent Signature	Date

MINOR ACCIDENT POLICY	
I understand that minor accidents or injuries will be treated at the school and that I will be informed of said treatment. I also understand that specific medical information about my child may be shared with the Curious Minds personnel as deemed necessary.	

We hereby understand and promise to comply by all the rules and policies set forth on this form by the Curious Minds Montessori School.

Parent's Signature Date

Print Name

Parent's Signature Date

Print Name Date

Administrator's Signature Date received

Print Name

OFFICE USE ONLY

PROOF OF IDENTITY

In order to help identify missing children the Virginia Department of Social Services requires us, the Curious Minds, as a school offering child care to ask for information regarding a child's previous child care/school, if any. In addition, families are required to provide proof of identity and age for the child. Approved documents for the same include certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record) or passport. In the case of adoption, a copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies) is also acceptable.

Please provide this information at the time of enrollment, no later than the child's first day at school. We do not need to keep the original document. We only are required to record the details on the enrollment form.

Certified Copy of Birth Certificate ____ Birth Registration Card ____ Notification of Birth ____ Passport ____ Placement agreement or other placement proof ____	Date of Birth _____ Date Certificate Issued _____ State and Country of Birth _____ Certificate Number _____ Hospital _____ Physician/Midwife _____
Administrator's Name Printed	Administrator's Signature Date

NOTIFICATION OF LOCAL LAW ENFORCEMENT AGENCY (if parent does not provide proof of child's age and identity within 7 business days of child's first day of attendance)

Date of Notification	Name of Agency Notified	Name of Individual Notified