Ladybug Montessori Learning Center

617 Washington Ave. Belleville, NJ

(973)759-1211

“Providing Children With The Freedom To Fly”

Enrollment Application 2015 pg. 1

Child’s Name: Sex: Age:

Last First

Home Address:

Street Apt. # Town Zip

Home Phone#: ( ) - Date of Birth:

Mother’s Name: Occupation:

Business Address:

Business Phone#: ( ) - Cell#: ( ) -

Father’s Name: Occupation: .

Business Address: .

Business Phone#: ( ) - Cell#: ( ) -

Please provide 2 e-mail addresses for us to notify you of any snow days or upcoming events

Email: .

Emergency Contact: (person to be contacted when parents can not be reached)

Name: Relationship: .

Address: .

Home Phone#: ( ) - Cell/Beeper#: ( ) -

Please indicate which program you are applying for with a check. I will try my best to accommodate the days and times you are looking for.

* Infant Program: AM to PM (please indicate the hours your child will attend)

* Toddler Program: Morning Afternoon Full Day Extended Day Care

* Pre-K Program: Morning Afternoon Full Day Extended Day Care
* Kindergarten Program: 4 Full Days 5 Full Days 5 Extended Days

Days: Mon. Tues. Wed. Thurs. Fri.

Here is my signature indicating that all information written on this document is true.

.

Parents signature and date

Ladybug Montessori Learning Center

617 Washington Ave. Belleville, NJ

(973)759-1211

“Providing Children With The Freedom To Fly”

Enrollment Application 2015 pg. 2

If I would like to enroll my child, a non-refundable $100.00 application fee will accompany this application to secure my child position in school. I will also be handing in a one month security deposit, which is only refundable per the conditions stated below, due no later than one month from the date that the completed application and fees are submitted to the school. If the previously mentioned fee and the one month security are not received on time, I understand that my child’s position may be forfeited to another child.

.

Parent or Guardian’s Signature

\*Please note that we can not hold your child’s position in the school unless all of the above fees and payments accompany this application. Also, the one month security is only refundable if we receive written notice, which states the reason(s) that your child will not be attending, 30 days prior to the ending date of your child’s enrollment at the school or for a reason deemed acceptable by the Director.

\*\*Checklist of things that need to completed and handed in before start date:

Application

Copy of Universal Healthcare form along with immunization record from your pediatrician.

Application fee of $100

First monthly Payment

One month security deposit (deposit will go towards your last month of school with a 45 day written notice)

Ladybug Montessori Learning Center

617 Washington Ave. Belleville, NJ

(973)759-1211

“Providing Children With The Freedom To Fly”

**Blanket Permission Slip For Walking Trips**

I give permission for my child to participate in walking trips with his/her class. I understand the routes for these walks will not involve any safety hazards and will be brought to my attention prior to the event. I understand that if I decide not to allow my child to participate in these trips my child will continue to receive adult supervision at the school during the trip time.

All Trips Are Supervised By Your Child’s Teacher and Teacher Aid.

.

Parents Signature Date

Please check here if you **do not** want your child to participate in our class walking trips

**Photo Permission Slip**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to have his/her picture taken during the course of the school year. I understand that these photos will only be used for school purposes and will not be released outside of school grounds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature Date

\_\_\_\_\_Please check here if you do not want your child’s photograph taken.

Ladybug Montessori Learning Center

617 Washington Ave. Belleville, NJ

(973)759-1211

“Providing Children With The Freedom To Fly”

Emergency Authorization Form

. . .

Last Name First Name Date

In the event of a medical emergency due to injury or illness to my child which in your opinion requires emergency treatment, you have my permission and I hereby designate you, my agent, to call the doctors listed below after you have tried to contact me by phone and was unsuccessful.

1. Doctor: 2. Doctor: .

Address: Address: .

Telephone#: Telephone#: .

In the event that you can not reach either of these doctors, you have my permission to call any licensed physician of the state of New Jersey.

I hereby release you from any claim arising out of the doctor’s actions and I assure and agree to pay the doctor’s charge for services and any charges incurred at the doctor’s direction.

.

Parent’s signature:

Address:

Home Phone#: .

Business Phone#: .

Throughout the school year your child may become ill with a fever, upset stomach, headache or other discomfort. Will you kindly list the names of relatives, friends, or neighbors who may be contacted if the parents are not available to care for the child?

1. Name: 2. Name: .

Phone#: Phone#: .

Relationship: Relationship: .

Ladybug Montessori Learning Center

617 Washington Ave. Belleville, NJ

(973)759-1211

“Providing Children With The Freedom To Fly”

Emergency Authorization Form Page 2

Authorization for pediatric emergency medical and/or surgical treatment:

I further authorize the listed doctor or doctors or the hospital to which my child or children may be brought (and whomever they may designate as their assistants) to give emergency treatment, to perform any emergency procedure or operation, and to administer an anesthetic to my child during the period of his/her enrollment in the ladybug Montessori Learning Center.

.

Parent or Legal Guardian’s Signature

Explanation:

It is the firm hope and expectation that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In an emergency situation, if for some reason the parent of the child can not be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only when absolutely necessary and only after every attempt has been made first to contact the parent. A doctor or hospital can refuse to give any treatment, regardless of how minor, unless authorization is given by the parent(s). As you know, time can be an important factor in being of assistance to your child (children) where medical attention is needed, and this would assure us that no time would be lost in giving immediate attention.

This form will be kept in our emergency file in the school’s office.

I authorize the staff at Ladybug Montessori Learning Center to administer proper first aid to my child As necessary in case of an accident or illness, whether or not further medical attention is necessary.

.

Parent or Legal Guardian’s Signature

Ladybug Montessori Learning Center

617 Washington Ave. Belleville, NJ

(973)759-1211

“Providing Children With The Freedom To Fly”

Transportation Release Form

I, , authorize the Ladybug Montessori Learning Center to release my child, To the following person(s) for the purpose of providing transportation to and/or form school.

Please provide name, addresses and phone numbers:

*(This form gives LMLC the permission to release your child/children to the following people with proof of ID.)*

1.

2.

3.

4.

Ladybug Montessori Learning Center

617 Washington Ave. Belleville, NJ

(973)759-1211

“Providing Children With The Freedom To Fly”

Medical History 2015 school year

(Please have immunization records handed into the office with application. Your child may not attend school until all documentation is handed in.)

.

Child’s name Date

.

Parent(s) or Guardian(s) Phone Number

.

Address Cellular Number

Please check off the following as they apply to your child. This information is necessary for our emergency medical records.

Has your child had: (For all checks please explain in space provided or on reverse side of this form.)

Reoccurring illness, disease.

Accident that may be important for us to know.

Any complications at birth.

Any allergies

Any medications or vitamins

Family History:

TB

Diabetes

Allergies

Familial diseases (please specify)

Please explain:

Has your child had any difficulty in these areas:

Visual Gross Motor Skills (climbing, walking, etc.)

Hearing Fine Motor Skills (grasping small objects)

Speech Bowel/Bladder

Muscular coordination Other (feeding, sleeping, tantrums etc.)

Please explain: