

Does your child have any allergies to food? _____
to medication? _____
Are there any medications given regularly? _____

Has your child ever been hospitalized or suffered from a serious illness? _____

Does your child have any special bathroom habits or words that the teacher needs to be aware of? _____

Does your child have any specific fears? (dogs, masks, thunder, etc.) _____

When did your child begin to walk? _____

When did your child begin to talk? _____

Do you have any special hobbies or interests you might want to share with your child's class? (Foreign language, dentistry photography, magic tricks, carpentry, etc.) _____

What goals do you have for your child: _____

How long do you intend for your child to attend Monarch Montessori School? _____

How did you hear about Monarch Montessori School? _____

Your time and efforts in any of the following areas will help enhance this program for your child. Please indicate your willingness to help in any of the following areas:

____ fundraising ____ educational material making ____ flower provider
____ photographer ____ building or repair of equipment ____ Scholastic Books
other: _____

Please note: All parents are required to provide a nutritious snack for your child's class on a rotating basis. A snack schedule and guidelines for snack will be provided at the beginning of the school year.

PLEASE READ CAREFULLY AND SIGN BELOW:

We, the parents/guardians of _____ hereby give our approval to his/her participation in the activities and special events of the Monarch Montessori School during the 2018 - 2019 school year. We assume all risks and hazards incidental to such participation, including transportation to and from these activities; and

We do hereby waive, release, absolve, indemnify and agree to hold harmless Monarch Montessori, Inc., The Monarch Montessori School, the teachers, organizers, sponsors, participants and persons involved in the activities of the School and persons transporting our child to and from activities from any claim arising out of injury to our child.

DATE _____ PARENT SIGNATURE _____

DATE _____ PARENT SIGNATURE _____

DATE _____ DIRECTOR SIGNATURE _____

Office Use:	
App fee: \$ _____	Rec'd _____ Cash/Ck # _____
Interview Date/Time: _____ / _____	
Placement Recommendation: _____	