

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Grade \_\_\_\_\_ Enrollment Date \_\_\_\_\_

## 2018-19 FHM Emergency Information & Permissions – 2 Pages

Please Print Neatly & Use Blue or Black Ink. All areas are REQUIRED unless otherwise noted.

### Contact information: Please use CHILD'S LEGAL NAME

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Gender Identity \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone \_\_\_\_\_  
Child's Primary Home Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Days/Hours \_\_\_\_\_  
Home Address (if different from student) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Days/Hours \_\_\_\_\_  
Home Address (if different from student) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Instructions for reaching parents/guardians during program hours: \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_  
Dentist Address \_\_\_\_\_  
Child's Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_  
Physician Address \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_ Hospital Phone \_\_\_\_\_  
Hospital Address \_\_\_\_\_

### Special Needs Care Plan

Has your child ever been enrolled in Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been evaluated by Child Find, Children's Hospital, or other organization/professional in order to identify or support learning, emotional and/or behavioral challenges? Yes \_\_\_\_\_ No \_\_\_\_\_

Has a 504 Plan been developed for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Please mark all of the plans that are currently in place, were in place in the past, or are/have been under development for your child: Individualized Education Plan (IEP) \_\_\_\_\_ Advanced Learning Plan (ALP) \_\_\_\_\_ Discipline/Behavior Plan \_\_\_\_\_

If your child has one of the above, a Care Plan may be required for Camp/Programs. Do you expect that your child will need a Care Plan for Camp/Programs? Yes \_\_\_\_\_ No \_\_\_\_\_

I confirm that all information contained herein is complete and accurate. In the event of illness or emergency, the school will attempt to reach parents/guardians or one of the people listed as Emergency Contacts, but if none of these people can be reached, the school personnel have my permission to use discretion in securing emergency medical aid. I give FHM, licensed by the Colorado Department of Human Services, the Division of Child Care, permission to secure emergency medical and/or surgical treatment for the above named minor child while in care. **IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THE MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED.** To the best of my knowledge, the above information is correct. I agree to and approve all information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Permission & Statements of Understanding and Acceptance for Free Horizon Montessori

I hereby provide permission for the above named minor child to participate in the following activities as related to school and/or programs at Free Horizon Montessori:

**Interview/Testimonial Permission\*:** I give permission for my child to be interviewed and/or quoted in internal and external publications. I understand that my child will only be identified by first name and grade level in outside publications unless I provide advance permission otherwise.

**Photo/Video Permission\*:** I give permission for my child to be photographed or video recorded while participating in FHM activities. I give permission for FHM to use photos and videos of my child on media such as the FHM website, CSN Facebook page and program promotional materials.

**Waiver for Participation:** I, as the parent/guardian give permission for the above named minor child to participate in any class or program offered by Free Horizon Montessori that is deemed by FHM staff to be age appropriate (including, but not limited to: attending music/drama/other performances, assemblies, interactive workshops, on-site activities lead by specialist instructors). I acknowledge that the activities carried on in the program have certain risks for the participant. I have independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. I agree to and hereby release and forever discharge Free Horizon Montessori, and the officers, employees, agents, and volunteers from any and all liability for damages, loss, or personal injury arising out of or related to registrant's participation in such programs.

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**Field Trips & Special Activities/Transportation:** I give permission for my child to participate in walks and/or short field trips (walking distance) away from the school property as deemed appropriate by FHM staff and within my child's scheduled day. I give permission for my child to attend field trips and participate in special activities as listed on my child's Field Trip Permission Form (or Program Calendar/Enrollment Form, for camp) including, but not limited to: bus trips, walking trips and on site programs provided by FHM staff and outside vendors.

**Classroom Materials:** As a Montessori School and associate member of the American Montessori Society, many of the classroom materials at FHM differ from those in traditional schools, particularly for Primary students. I acknowledge that there may be small, breakable materials which pose a potential choking, inhalation or laceration hazard to my child. I accept that these materials are essential to my child's Montessori education, and will be used under direct supervision of trained teachers and staff. I give permission for my child to use Montessori Classroom Materials including, but not limited to: glassware, ceramic dishes, sewing needles, small beads, etc. as deemed appropriate by FHM teachers and staff for educational purposes.

**School Communications:** I understand that FHM uses School Messenger to send school newsletters, enrichment program fliers, and other pertinent information via email. I understand that School Messenger uses the email addresses I provide through Jeffco Connect for this purpose. I also understand that throughout the year, FHM communicates time-sensitive information, including emergency messages and school closure announcements, through the School Messenger phone message delivery system. I understand that this system only calls phone numbers with a (303) or (720) prefix, and that the system uses phone numbers I provide through Jeffco Connect. I agree to keep all of our family's contact information updated and current in Jeffco Connect. For camp/programs, I understand that I must present this information in writing, and update Director with any changes.

**Sunscreen:** Children need to have sunscreen on before coming to school or camp. FHM will provide opportunities for children to reapply sunscreen under adult supervision at regular intervals during the day as needed. This is typically prior to lunch/playground time. Each family is to supply a bottle of **SPF 45 sunscreen** or higher to FHM, labeled with their child's first and last name, and replenish throughout the year as needed (spray-type bottles preferred). Sunscreen must be given to FHM staff – children may not retain sunscreen, lotion, lip balm, sanitizer or similar products in their cubbies or backpacks. (*Sunscreen or "other sun protection" required per CDHS licensing reg. 7.702.52.D.1*). I give permission for my child to apply sunscreen at FHM while under the supervision of an adult. I understand that I am responsible for providing FHM with sunscreen for my child.

**Specials:** To enrich our students' academic experiences, FHM offers five "specials" classes: art, music, technology, physical education, and library. For purposes of our child care license, primary students attending specials may do so as an "on site field trip", outside of the licensed portion of their day. I give permission for my child to attend specials, or my child is exempt (1-8<sup>th</sup> gr).

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*Jeffco "Directory Information" opt-out:** In accordance with the Family Educational Rights and Privacy Act (FERPA), parents and guardians may opt out of having Jeffco Public Schools release their student's directory information and photos in district and school-sponsored publications. If a parent or guardian opts out of student directory or student photo, a student's information or picture would not be included in a yearbook, graduation program, theatre playbill, athletic team roster, school's website, and other school and district publications. To opt out of student directory information or photo, parents and guardians must log on to Jeffco Connect, select their student, and check the appropriate box in the student's Agreements tab. [Click here to access Jeffco Connect.](#) CAMP/PROGRAMS do not have access to Jeffco Connect – please contact Program Director to Opt Out for programs only.

**Authorized Pick Ups (Emergency Contacts, Carpool, Child Care, and/or Play Date Release)**

Children will be released by FHM staff only to Parents/Guardians or to persons listed below. A child can be released to other persons if written and signed permission is provided by the parent or guardian to the school. Indicate **at least two Emergency Contacts** by checking the Emergency Contact box. **These people will be required to present identification.**

Check for EMERGENCY CONTACT.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Check for EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

In the event of an emergency if you are phoning the school to give release permission to someone other than the persons listed above, we must have a code word for identification purposes. This code is not to be given out to anyone. It is for us to identify you on the phone.

**CODE WORD:** \_\_\_\_\_ **HINT:** \_\_\_\_\_

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**Additional Authorized Pickups (Use if more space is needed – only two (2) emergency contacts are required by FHM)**

For Camp/Program use. During the school year, please also provide this information through Jeffco Connect.

Check for EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Check for EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Check for EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

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Address \_\_\_\_\_ Cell Phone \_\_\_\_\_