

2017 EXISTING  
EC CAMPER



## *Summit-Questa Montessori School*

Dear Parents:

Please provide your child with healthy snacks and lunch daily. Have your camper bring a backpack with a change of clothes, a towel, bathing suit, sunscreen, water shoes, and bug spray. If your child is taking a nap, we need a crib size cover sheet and blanket. Please be sure that every item is clearly labeled with your child's name. For other questions and concerns, please contact your child's teacher.

Thank you for your cooperation.

The Early Childhood Team



*Summit-Questa Montessori School*

*Summer Camp 2017*

***EXISTING EARLY CHILDHOOD & KINDERGARTEN ENROLLMENT  
CHECKLIST***

**DUE WITH REGISTRATION:**

- \_\_\_\_\_ 1. Child Enrollment Information
- \_\_\_\_\_ 2. Pickup Authorization
- \_\_\_\_\_ 3. Emergency Medical & Authorization Information
- \_\_\_\_\_ 4. Medical Information
- \_\_\_\_\_ 5. Prescription & Non-Prescription Authorization
- \_\_\_\_\_ 6. Swim Waiver & Media Release
- \_\_\_\_\_ 7. Transportation Consent & Release
- \_\_\_\_\_ 8. Swim Central Form
- \_\_\_\_\_ 9. Camp Policies

Student Name (Print):

\_\_\_\_\_

*Attach recent photo  
of  
your student.*

***BEFORE YOUR CAMPER CAN ATTEND SUMMER CAMP ALL ENROLLMENT PAPERS AND  
CAMP FEES MUST BE SUBMITTED TO THE ADMINISTRATION.  
THANK YOU FOR YOUR COOPERATION!***

# SUMMER 2017

## SUMMIT-QUESTA MONTESSORI SCHOOL

### CHILD ENROLLMENT INFORMATION



(Replaces Broward County Bureau of Children's Services/Child Care Licensing & Enforcement #1 Form)

**Child's Information** *Instructions: Please print or write clearly. Fill in all blanks. If not applicable enter N/A.*

Full Name			Date of Enrollment:		<input type="checkbox"/> Female
					<input type="checkbox"/> Male
Preferred Name	Birth Date	Place of Birth	Current Age ____	Age as of 6/1/2017 ____	
Address		City & State	Zip	Email Address	
Telephone ( )		Allergies (severe/EpiPen)	Special Problems/Information		
Child resides with?			What language is spoken at home?		
Parents marital status?			Who has legal custody?		
Who will receive report cards?			Who will receive billing statements?		

**Mother's Information**

Name			Home Telephone ( )		
Address (if different)		City	State	Zip	
Mobile Cell	E-mail address		Drivers License (copy must be on file)		
Place of Employment		Work Telephone ( )		Ext.	

**Father's Information**

Name			Home Telephone ( )		
Address (if different)		City	State	Zip	
Mobile/Cell	E-mail address		Drivers License (copy must be on file)		
Place of Employment		Work Telephone ( )		Ext.	

**Legal Guardian's Information**

Name			Home Telephone ( ) Cell ( )		
Address (if different)		City	State	Zip	

**Child's Physician**

Name		Health Insurance Plan	
Address	Telephone No.	May we contact another physician if unable to contact the doctor noted above?	

**Other Persons to be Notified in Case of Illness or Accident (if parents cannot be reached)**

Name	Address	Home Telephone _____	Cell _____
	Work _____		
Name	Address	Home Telephone _____	Cell _____
	Work _____		

In case of emergency, the school has permission to take my child to the nearest hospital  Yes  No

**Persons Permitted to Remove Child (Copy of Driver's License Must be on File) Driver's License must be presented on pickup.**

Mother <input type="checkbox"/> Yes <input type="checkbox"/> No	Father <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Address/Phone No.	Relationship
Name	Address/Phone No.	Relationship
Name	Address/Phone No.	Relationship

**Names of Siblings Attending or Graduated from Summit-Questa Montessori School**

Name	Grade	Teacher/Classroom
Name	Grade	Teacher/Classroom
Name	Grade	Teacher/Classroom

***BEFORE A NEW STUDENT CAN BE OFFICIALLY ADMITTED, ENROLLMENT PAPERS, SCHOOL FEES, PRIOR REPORT CARDS, CONFIDENTIAL RECOMMENDATION FORMS ALONG WITH THE PROPER IMMUNIZATION AND HEALTH RECORDS MUST BE SUBMITTED TO THE ADMINISTRATION. THANK YOU FOR YOUR COOPERATION!***

**Parent/Legal Guardian:** My signature below indicates that the information given herein is truthful and accurate to the best of my knowledge.

Check one. <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	Signature	Date
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**Office Use Only**

Previous School Records Received	Date of Child's Visitation	Enrollment packet received (date)
Health Records received (date)	Summer School Required _____	Tutoring Required _____
Registration/tuition deposit received \$ _____	Date Paid _____	Other Fees Paid \$ _____ Description \$ _____
Grade enrolled for _____	Classroom assigned to _____	Other Comments: _____

I acknowledge that the information on file is current and accurate. Print Parent Name: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 \*If there are changes, please complete below

## *Summit-Questa Montessori School*

### *Pick Up Authorization*

Child' Name	Class/Teacher
Parent/Legal Guardian Name	Cell No.

Persons authorized to pick up child: (Driver's license must be on file in the office and presented for identification.)

Name	Address & Cell Phone No.
Name	Address & Cell Phone No.

Emergency Information: (In case of illness or emergency, if parents cannot be reached, notify:)

Name	Relationship		
Address	Telephone (include cell phone number)		
Name	Relationship		
Address	Telephone (include cell phone number)		
Child's Physicians	Telephone		
Address	City	Sta te	Zip
In case of illness or accident, describe special instructions.			

\*Pick up codes will be supplied to each adult authorized to pick up a student. Please memorize your code.\*

Parent Signature/Date: \_\_\_\_\_



I acknowledge that the information on file is current and accurate. Print Parent Name: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

\*If there are changes, please complete below

## "SQMS" EMERGENCY MEDICAL INFORMATION & AUTHORIZATION

Please print all information legibly. This emergency form is our direct line of communication to you when you are needed in an emergency. It is your responsibility to notify the office in writing of any changes to this form (phone numbers, emergency contact information, health conditions). *Please print information clearly.*

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone No \_\_\_\_\_  
Father's Name \_\_\_\_\_ Dad's Cell #: \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Dad's Work #: \_\_\_\_\_  
Email Address \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_  
Mom's Work #: \_\_\_\_\_

Alternative Contact (if parent cannot be reached) – driver's license must be on file and presented at time of pickup.

(1) Name \_\_\_\_\_ Relation \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Home# \_\_\_\_\_

(2) Name \_\_\_\_\_ Relation \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Home# \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Child's Primary Source of Health Care \_\_\_\_\_ Ins. Co. Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Drug Allergies: \_\_\_\_\_ Date of Last Tetanus/diphtheria booster (Tdap): \_\_\_\_\_

Current Prescribed Medication: \_\_\_\_\_ EpiPen: \_\_\_ Contact Lens: \_\_\_ Glasses: \_\_\_

Child's special medical needs and conditions (i.e. diabetic, asthmatic, allergies) \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

I authorize first aid treatment using basic first aid supplies (soap, water, bandages) to be provided to my child as needed. In the event that a parent or emergency contact cannot be reached, I give permission for the School to arrange for necessary medical care. I understand and agree that I will be financially responsible for all aspects of such emergency medical care and I indemnify and hold the School harmless for all damages, claims, and amounts paid or due in connection with such emergency medical care. We release the School from any liability resulting from said medical attention and/or incorrect medical information record transfer for this purpose due to incomplete or erroneous data provided by the parent.

Parent Signature/Date \_\_\_\_\_ Parent Signature/ Date \_\_\_\_\_

It is the parent's responsibility to notify the School of any change in their child's medical status or medication and to provide the School with up-to-date State of Florida Certification of Immunization record (Form 680) and a current State of Florida Student Health Examination (Form 3040).

Prescribed medication must be in original pharmaceutical containers. All medications to be dispensed or administered at the School must be supported by an **Authorization for Administration of Prescription and Non-Prescription Medication Form (available in office)**, signed by both the student's physician and parents. Students are not generally allowed to carry prescription medication while at school. The only exceptions are for Epi-Pens, inhalers, and insulin pens, if supported by a physician order and parental consent and the student is mature enough to be responsible for the appropriate administration. Parents who believe self-administration is appropriate for their child must contact Ms. Judy.

I acknowledge that the information on file is current and accurate. Print Parent Name: \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

\*If there are changes, please complete below

## Summit-Questa Medical Information

**Child's Information**

*Instructions: Please print or write clearly. Fill in all blanks. If not applicable enter N/A.*

Full Name	Sex ( <input type="checkbox"/> one.)	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Nickname	Birth Date	Current Age ____	Age as of 6/1/2017 ____

**Physical Handicaps:** (Specify missing or injured bodily parts, weaknesses, etc.)

Bones & Joints:	Organs:
Muscles:	Weight Problems:

**Psychological Handicaps:** (Specify problem areas such as fears, hyperactivity, hypersensitivity, etc.)

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**Chronic Ailments:** (Indicate for each – yes or no)

Asthma or other respiratory problems:	Crohn's Disease
Circulatory or congenital heart problems:	Headaches
Diabetes, etc:	Epilepsy:
Hemophilia or other bleeding problems:	Date of Last Tetanus/diphtheria booster (Tdap):

**Vision, Hearing, Sensory:** (Indicate for each-- yes or no)

Visual Aides:	Hearing Impairments:
Sensory Impairment:	If yes, what area?

**Allergies:** (Please be specific)

<b>Food Allergies:</b>	Medication for Food Allergies:
Dietary Restrictions:    Milk    Wheat/Gluten    Egg    Nuts    MSG	
Drug Allergies:	Other
<b>Environmental Allergies:</b>	Medication for Environmental Allergies:
Immediate Medical Attention if Needed:	
<b>Is EpiPen Needed:</b>	EpiPen on Campus:                      If yes, where
Please indicate the trigger?	

The School has permission to administer the following treatments to my student as needed: **(Specify yes or no)**

Saline Eye Wash for sand/dirt/dust or if needed, after swim? (If your child is of swim age & their eyes are sensitive to chlorine, we recommend you send in swim goggles.)	Deet Free Insect Repellant for mosquitoes? Insect Repellent with Deet? (to be supplied by parent & the child's name clearly marked on it)
Neosporin, Triple Antibiotic or first aid antibiotic ointment for cuts/scrapes/abrasions?	Sunscreen? (to be supplied by parent & the child's name clearly marked on it)
Apis Mellifica (homeopathic) for bee stings & insect bites?	Comments:

Print name of parent or legal guardian that completed this form: \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date Completed \_\_\_\_\_

*It is the parent/legal guardian's responsibility to inform the office in writing immediately of any changes that need to be made to this document regarding your child.*



To be completed for prescriptions, Tylenol, Motrin, Cough Medicine, and other over the counter medications.

# AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

This form is void if altered in any way.

Instructions: Each of the three sections must be completed by the appropriate person as follows:

Parts I and III by Parent /Guardian; Part II by Physician. **Please print clearly.**

## Part I: Student Information (to be completed by Parent/Guardian)

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## Part II: Action Plan (to be completed by Physician). Please complete all spaces.

This request is to be effective for the School Year 20\_\_ - 20\_\_ or earlier stop date: \_\_\_\_\_

1. Prescription Medication: \_\_\_\_\_ Generic Name (if used): \_\_\_\_\_  
 Dosage amount: \_\_\_\_\_ Time(s) to be administered at School: \_\_\_\_\_  
 Condition for which drug is given: \_\_\_\_\_ Note any untoward side effects: \_\_\_\_\_

Inhalant Prescriptions: This student is both capable and responsible for self-administering this medication.

\_\_\_\_ No                      \_\_\_\_ Yes, if supervised                      \_\_\_\_ Yes, unsupervised

2. Non-prescription Medication: \_\_\_\_\_ Generic Name (if used): \_\_\_\_\_  
 Dosage amount: \_\_\_\_\_ Please administer according to manufacturer's label for recommended time schedule when needed at school for the following conditions or symptoms: \_\_\_\_\_

3. Non-prescription Medication: \_\_\_\_\_ Generic Name (if used): \_\_\_\_\_  
 Dosage amount: \_\_\_\_\_ Please administer according to manufacturer's label for recommended time schedule when needed at school for the following conditions or symptoms: \_\_\_\_\_

PRINT PHYSICIAN'S NAME \_\_\_\_\_ PHYSICIAN'S SIGNATURE \_\_\_\_\_  
 PHYSICIAN'S ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

## Part III: Parental Permission (to be completed by Parent/Guardian). Form is void if not completed.

I request the designated school personnel or its agents to assist my child in the administration of the above named prescription and non-prescription medications. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that (1) there is no liability on the part of the school, its personnel, or agents, and hereby release and waive any claims or actions against such persons or entity as the result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, or when the medication prescription expires, whichever occurs first. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school personnel.

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

Medication orders must be renewed by the attending physician and release signed by the parent/guardian annually. Each medication or any change in medication requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired or been recalled.





## *Summit-Questa Montessori School*

### Swim Lesson Policies

Although we will try to accommodate all campers/students, some classes will fill up quickly. Registrations will be processed on a first come first serve basis. If a camper/student has been enrolled into a skill level that is inappropriate to maximize their potential for learning and fun, they will be reassigned to a new level and you will be notified.

Please note: Classes may be canceled if minimum enrollment is not met or due to inclement weather.



**Summit-Questa Montessori School**  
**Swim Waiver and Release from Liability Form**  
**Parent Consent Form**

Child's Name: _____	Age: _____	Sex: _____
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I hereby assert that my child \_\_\_\_\_ is physically able to participate in Summit-Questa's swim program including swim lessons, swim team and any other swim activity.

I, \_\_\_\_\_ (parent's name), HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge, Summit-Questa Montessori School (JEDCO, Inc. and Questa Middle School) and its employees, officers, and agents, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my child's participation in any of the events or activities conducted by or on the premises of, or for the benefit of the Summit-Questa Montessori School.

**Parent /Guardian (print name):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Media Release**

*Child's Name* \_\_\_\_\_ *DOB* \_\_\_\_\_

Address: _____	City: _____	State: _____	Zip Code: _____
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**NATURE OF PHOTOGRAPH:** I consent for all purposes to the use, and/or reproduction of all photographs/videos of my child taken by the photographer or by any nominee of the photographer associated with the school, in whole or in part, in all forms and media editorial, art and exhibition.

In giving this consent, I release the photographer and his nominees from liability for any violation of any personal or proprietary right I have in connection with any reproduction or use of the photographs. I certify that I am over 21 years of age.

All photographs/videos are for educational purposes and/or advertising for Summit-Questa Montessori School and Questa Middle School.

**Parent /Guardian (print name):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE IN WRITING OF ANY CHANGES TO THIS FORM.*

***Summit-Questa Montessori School***  
***Summer Camp***  
***Transportation Consent and Release***

I/We, \_\_\_\_\_, am/are the parent and legal guardian of \_\_\_\_\_ (“Student”). Student is enrolled in Summit-Questa Montessori School or Questa Middle School for the 2017 summer camp. By signing this waiver, I/we do so understanding the inherent risks and liabilities involved in the transportation of students. I/We hereby consent and give permission for Student to ride the bus or van owned and operated by Questa Middle School and JEDCO, Inc. d/b/a Summit-Questa Montessori School to and from the following locations (check all that apply):

- \_\_\_\_\_ I/We give permission for Student to ride our Bus/Van to and from sports activities.
- \_\_\_\_\_ I/We give permission for Student to ride our Bus/Van to and from extracurricular activities.
- \_\_\_\_\_ I/We give permission for Student to ride our Bus/Van to a neighboring property due to an emergency, crisis or natural disaster.
- \_\_\_\_\_ I/We give permission for Student to ride our Bus/Van for field trips. (In many cases, the school will rent buses for field trips and we not be using our own.)
- \_\_\_\_\_ I/We give permission for Student to ride on a leased bus to attend a field trip.

In exchange for the School permitting my/our Student to ride the Bus/Van, I/we hereby agree to release and hold JEDCO, Inc. d/b/a Summit-Questa Montessori School and Questa Middle School, and their predecessors, successors, and assigns, as well as all of their respective representatives, agents, owners, officers, directors, shareholders, managers, partners, employees, staff, volunteers, and supervisors, past and present, harmless from and indemnify them against all claims, demands, suits, charges, fees, attorneys’ fees, costs, damages, liens, liabilities, and actions of any kind whatsoever arising out of the transportation of Student. The types of claims I/we hereby release include contract claims, statutory claims, torts of any kind, negligence, intentional acts, economic and non-economic damages, expenses, costs, insurance claims, attorneys’ fees, or any other type of claim.

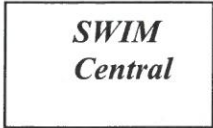
I/We have signed this document knowingly, willingly, and after having an opportunity to consider its implications. I/We understand that I/we do not have to sign this document.

Parent/Guardian (print name) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_





**SWIM Central Water Safety Education**  
**Questionnaire**

CHILD CARE FACILITY: Summit-Questa Montessori School Date: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_

PARENT'S NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	YES	NO
1. Has your child ever taken swim lessons?		
2. Can your child roll over and float on his/her back?		
3. Can your child swim to the side of the pool?		
4. Have you taken a Community Water Safety Course?		
5. Is anyone in your household certified in CPR?		

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Summit-Questa Montessori

## Camp Policies

**ARRIVAL:** When dropping your child off in the morning please be sure to **sign in** and touch base with a staff member before leaving. **DO NOT LEAVE YOUR CHILD UNLESS YOU SEE A STAFF MEMBER ON DUTY.** It is exceedingly important for your child to arrive at school on time. The way we start our day is important, as it sets the tone for the day ahead and models your values to your child. As such, we hope that each child arrives well rested and having had a nutritious breakfast. Arriving on time teaches children good habits, provides continuity and allows them to transition more naturally into the classroom with their peers.

**DISMISSAL TIME:** Please be prompt in picking your child up at the appropriate time. You are given 15 minutes grace period once your child's day ends and emergencies are acknowledged. However, beyond this, **A Late Pick-up Charge Is Assessed.** First 15 minutes \$25; 6:16-6:30 is \$50; 6:31-6:45 is \$75.00. We staff according to our after-care enrollees and as such, we may not be in accordance with adult to child ratios when children are left late. This is an unsafe situation for staff as well as your child.

**School Shoes** – Deck, oxford, sneakers and other soft-soled, lace shoes are the acceptable choices. Boots of any kind, flip-flops, sandals or open-toe shoes may not be worn to school.

**Jewelry - Please do not allow your child to wear jewelry for safety reasons.** It can be very upsetting when an item is lost or broken and more importantly, jewelry can get caught in playground equipment and this may be a safety issue

**COMMUNICATION:** Communication between teachers and parents is necessary for the coordination of the child's home and school lives. Teachers and parents can schedule time for discussions as needed. Please keep the school informed of any changes in the home, which might affect your child's behavior. Phone numbers, home address, and email addresses must be kept current. Please inform the front office to change your child's parental consent form.

**It is necessary for you to be connected to our school email and text alert system. Please check your emails and text messages for school/camp updates and other correspondence, including medical alerts in the event of a communicable illness in the classroom.**

**PICKUP:** When picking up your child, whether it be at the end of regular school/camp dismissal or from our after-care program, please be sure to sign out. As well, check your mailbox or child's backpack daily for announcements, memos, etc. For safety reasons, please do not allow your child to run around the campus after pickup.

The sight of a parent returning to school after a long day apart can be an emotionally charged experience for some children. Pickup is smoothest when children know the day has ended and the parent is now in charge. Giving your child a few minutes to gather their things and transition calmly helps to make it clear it is time to go home. When someone other than yourself will be picking up your child, you must let the office know. **We need written information a minimum of 24 hours in advance. That person will need to show I.D. We will not release your child to anyone not listed on your parental consent form or without your permission. Nor are children allowed to make their own plans with friends at school. These plans should be made through their parents.**

**PARENTAL AUTHORITY:** Children need to see that their parents are fully responsible for their well-being, even when teachers are present. This transfer of authority can be difficult for all involved. When in the building, help your child follow our rules, which include the following:

- ✓ Use "inside" voices (quiet, soft and calm).
- ✓ Never run or "roughhouse" in the building or anywhere on our school grounds.
- ✓ Please leave things as neat and tidy as you find them.

In addition, please do not let your child out of your sight before or after class. When picking up or dropping off your child, **please do not engage teachers or staff members in conversation when they are on duty.** This may be a serious situation if their attention is diverted from the children they are supposed to be watching. **By distracting a staff member and/or teacher, you are potentially putting our children in danger.** Teacher's and/or staff member's eyes and ears must be on the children at all times. **If you need to talk to a teacher, please call the office to set up a conference or ask for the teacher to call you when she/he is free.** We appreciate your help.

**REQUIRED STUDENT HEALTH FORMS:** Our school policy requires that HRS Good Health Form #3040 be updated every two years and that HRS Immunization Form #680 must be kept current. All immunizations must be up-to-date. This includes any changes that may incur regarding new vaccines that may be needed between Kindergarten and 7<sup>th</sup> grade. These medical forms must be current in order for your year.

**ILLNESS/MEDICATION:** If your child becomes ill while at Summit-Questa Montessori School, you will be contacted immediately. Your child will wait in the office for your arrival. If you are unable to come promptly you must make arrangements to send someone immediately. Any child with a fever, vomiting, diarrhea, rash, nasal discharge (anything other than clear, such as green or brown in color), pink eye, head lice, will be sent home and may not return to school until symptom-free for 24 hours or with a doctor's consent. **Please report any communicable disease to the office immediately so that other parents may be notified.**

If you bring prescription medication to be dispensed at school, it must be in the original container with the following information: name of doctor, name of child, directions for administering. **You must request and fill out a #5 form which is kept on file, signed by a staff member specifying dosage, time and date given.** Over the counter medication will not be dispensed at school. You may administer it to your child before or after school if you wish.

**FAMILY INFORMATION:** The information we request from our families, including but not limited to, addresses, phone numbers, email addresses, school records and financial information, is used only by SQMS for school purpose. Parents are issued school email accounts for the purpose of school communication. We expect our parents to honor our parent's privacy and **request that our families not utilize the school email addresses, street addresses or phone numbers to solicit non-Summit Questa business or for other personal purposes.** We appreciate your cooperation.

*I, have read, fully understand, and agree to follow all school policies for as long as my child is enrolled at Summit-Questa Montessori School.*

Student Name (print): \_\_\_\_\_

Parent's Signature/Date: \_\_\_\_\_

Parent's Signature/Date: \_\_\_\_\_