Walnut Farm Montessori School

Summer Enrollment Packet 2018

Please complete all fields and all pages of packet.

Child's Name: _____ Date of Birth: _____

Parent 1

Name: _____ Work Hours: _____

Address: _____ City, ST, Zip: _____

Cell: _____ Home Phone: _____ Work Phone: _____

Parent 2

Name: _____ Work Hours: _____

Address: _____ City, ST, Zip: _____

Cell: _____ Home Phone: _____ Work Phone: _____

Program: **Toddler ☐** **Primary ☐** **Elementary ☐**

Weeks	**Morning** 7:40 - 11:30	**Full Day** 7:40 - 3:00	**Aftercare** 3:00 – 6:00
June 4 - 8			
June 11 – 15			
June 18 – 22			
June 25 - 29			
July 2 – 6 (Closed July 4)			
July 9 - 13			
July 16 – 20			
July 23 - 27			
Total Weeks			
Price per Week	**$190.00**	**$250.00**	**$75.00**
TOTAL DUE (Total weeks times price per week)			
TOTAL PAID			

4208 East Central Ave., Bentonville, AR 72712 • 479-271-9424 • F: 479-271-8766

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Permission to Administer
Emergency Medical Aid/Medical History

Child's Full Name: _____

Child's Address: _____

Child's Health Information

Birth Date: _____ Height: _____ Weight: _____

Child's Dietary Requirements: _____

Please list all allergies including allergies to medication, foods, and environmental allergens (ie: bees, poison ivy, grass, latex):

_____

List any restrictions, or impairments: _____

Please list any medical conditions for which your child is currently being treated. Please include the name and phone number of any medical specialist who cares for your child: _____

_____

Parental/Guardian Information

Parent's Name: _____ Parent's Name: _____

Parent's Work Phone: _____ Parent's Work Phone: _____

Parent's Cell Phone: _____ Parent's Cell Phone: _____

Parent's Home Phone: _____ Parent's Home Phone: _____

Child's Physician Name and Clinic: _____

Address: _____ Phone Number: _____

Emergency Treatment Facility Name: _____

Address: _____ Phone Number: _____

Consent for emergency medical care:

I, _____ Father, Mother, Guardian (CROSS OUT WORDS THAT DO NOT APPLY)

of _____ do hereby give consent to the Head of School, or his/her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon, dentist or other medical professional in case of an emergency or medical need. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. Consent is also given for the Head of School or his/her duly appointed representative to transport said child for emergency medical treatment or arranged ambulance transport if deemed necessary. By my signature below I/we do agree to hold WFMS, its agents and authorized representatives harmless in the event such authorized agent, or authorized representative aids the child enrolled under this contract.

Parents understand that any expenses incurred for transporting or treatment for above child will be the responsibility of the parent.

Signature of parent or guardian: _____ Date: _____

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Child Release Authorization

In the event that you cannot be here to pick up your child(ren), we need to have the names of the individuals we can release your child to on file. The adult who picks up your child MUST bring PHOTO ID with them or he/she will NOT be able to pick up your child.

Name: _____Relationship: _____Phone: _____

Name: _____Relationship: _____Phone: _____

Name: _____Relationship: _____Phone: _____

Emergency Contacts

Name of person to call if parents cannot be reached::_____

Relationship: _____

Address: _____ City, State, Zip_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is this person authorized to take the child from the school: Yes _____ No _____

Parent's Signature: _____ Date: _____