



Enrollment Application

Child's Name: _____
Home Address: _____
Father's Name: _____
Employed By: _____
Driver's License Number: _____

Birth date: _____
Zip Code: _____ Phone: _____
Occupation: _____
Work Phone Number: _____
Cell Phone Number: _____

Email Address: _____

Email Address: _____

Mother's Name: _____
Employed By: _____
Driver's License Number: _____

Occupation: _____
Work Phone Number: _____
Cell Phone Number: _____

Parents Are: Married Single Divorced Widowed
Child Lives With: Parents Mother Father Guardian

Select Your Method of Payment

Select Days of Weekly Attendance

Name of Siblings	Birth date	Grade	School

Persons other than Parent/Guardian authorized to pick up my child: I understand that my child will be released **ONLY** to the persons named below:

Authorized Pick Up	Relation	Phone	Driver's License Number

Emergency Contact: _____ Relationship: _____
Address: _____ Phone: _____

Child's Doctor: _____ Phone: _____
Address: _____

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Emergency Medical Care Facility: _____ Phone: _____
Address: _____

Parent's Signature: _____



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Special Concerns:

Allergies, Existing Illnesses, Previous Illness, or Injuries: _____

Hospitalized during the last 12 months? If so, please explain: _____

Child's interests, fears, or needs: _____

Home discipline used: _____

Bed time hour: _____ Age of playmates: _____

Any court orders or decrees concerning the child (custody orders or visitation orders)? If so, please attach copy:

What are your expectations for your child for the school year?

The last school my child attended was: _____ Referred by: _____

How did you learn about Country Day Montessori School? _____

Student Directory

_____ I give permission for my contact information to be used in the Student Directory.

_____ I DO NOT give my permission for my contact information to be used in the Student Directory.

From time to time, photos of students working, playing, or exhibiting may be taken for Marketing, Advertising, or Website Purposes, and our Facebook Page.

_____ I give permission for photos of my child to be used by the school for the above purposes.

_____ I DO NOT give permission for photos of my child to be used by the school.

_____ I acknowledge receipt of current school facilities operation policies, including those for discipline and guidance.

Initial

_____ I understand that CDMS does not provide water activities at school.

Initial

_____ I understand that school will provide a morning snack to my child.

Initial

4194 Jung Road • San Antonio, Texas 78247 • 210-496-6033 • 210-496-8967 Fax



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Permission to Administer Topical Aid:

In the event that my child should get minor scrapes, scratches, or cuts, I give permission to San Antonio Country Day Montessori School to administer topical aid to my child. These topical creams may include, but not limited to: Benadryl, Calamine Lotion, Triple Antibiotic Ointments, Neosporin, or Polysporin. Listed below are the ointments that SHOULD NOT be administered to my child: _____

Health Screenings:

As a convenience and in accordance with Texas Health Code Chapter 36, Section 36.004, SACDMS will provide the following screenings during the school year:

- Vision and Hearing (four years old by September 1, Kindergarteners, 1st, 3rd, and 5th graders).
Type 2 Diabetes (1st, 3rd, and 5th graders).
Spinal (6th graders).

If your child has already had these screenings at his/her pediatrician's office, within the last year, please provide a copy of the results to the front office prior to the start of school.

_____ I would like my child to be screened by SACDMS.

_____ I decline to have my child screened by SACDMS.

Field Trip Authorization:

I hereby authorize San Antonio Country Day Montessori School to include my child in planned excursions away from school, under the careful supervision of authorized personnel.

I will not hold San Antonio Country Day Montessori School nor any authorized worker or designated driver liable for any accident that might happen to my child while participating in these planned field trips or while enroute to or from the school.

Consent, Release, Indemnity - I, the Parent/Guardian of the above named student hereby consent to the student's participation in the event or trip described above. In consideration of San Antonio Country Day Montessori School giving student the opportunity to participate in this event or trip, I agree that, in the event of any accident causing injury or damage to the person or property of the student that may relate to, arise out of, or in any way concern this event or trip, I WILL HOLD HARMLESS AND WILL UNCONDITIONALLY INDEMNIFY THE SAN ANTONIO COUNTRY DAY MONTESSORI SCHOOL AND ITS AGENTS ANDEMPLOYEES AGAINST ALL CLAIMS, CAUSES OF ACTION AND DAMAGES FOR WHICH THE SCHOOL MAY BECOME LIABLE BY REASON OF SUCH INJURY OR DAMAGE, WHETHER BROUGHT BY THE STUDENT OR BY ANY PERSON HAVING A LEGAL INTEREST IN THE PROPERTY OF PERSON OF THE STUDENT. I understand that this release of claims and indemnity APPLIES TO ACCIDENTS, DAMAGES, OR INJURIES CAUSED EITHER IN WHOLE OR IN PART BY ANY NEGLIGENT ACT OR OMISSION OF THE SCHOOL, ITS OFFICERS, EMPLOYEES, and REPRESENTATIVES OR AGENTS.

I agree that should my son/daughter not abide by all the school rules, he/she may be sent home at my personal expense and no refund of the trip fee will be made.

I have read this FIELD TRIP AUTHORIZATION and understand its terms. I execute it voluntarily and with full knowledge or its meaning and effect. The signatures below authorize the above emergency treatment and child's field trip participation.

Mother's Signature

Father's Signature

Date

Date

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Childcare operations are public accommodation under the Americans with Disabilities Act (ADA) , Title III, If you believe that such an operation may be participating in violations of Title III, you may call the ADA Information line at 800-514-0301 or 800-514-0383 (TTY)