



## Emergency Data Card:

All the information asked for on this form is required by the state of MN and must be on file prior to your child's enrollment start date. It is your responsibility to inform us when information on this form should be changed.

Child's Name:	Nick Name:	Date of Birth:	Gender: M   F
<b>Parent/Guardian Information</b>			
<b>Mother's Name:</b>	Mother's Home Phone:		
Work Phone:	Address:		
Cell Phone:			
<b>Father's Name:</b>	(If different than Mother's)		
Work Phone:	Father's Home Phone:		
Cell Phone:	Address:		
<b>2 Emergency Contacts – These 2 adult persons are other than the parents listed above and are authorized to pick up my child in an emergency.</b>			
<b>Contact 1 Name:</b>	Home Phone:		
Day Time Phone:	Address:		
Relation to child:			
<b>Contact 2 Name:</b>	Home Phone:		
Day Time Phone:	Address:		
Relation to child:			
<b>2 Alternate Persons Permitted to Pick Up my Child From the Center – These 2 adult persons are other than the emergency contacts listed above and are authorized to pick up my child:</b>			
<b>Alternate 1 Name:</b>	Home Phone:		
Day Time Phone:	Address:		
Relation to Child:			
<b>Alternate 2 Name:</b>	Home Phone:		
Day Time Phone:	Address:		
Relation to Child:			
<b>(Optional) Other Names and their Phone Numbers of other persons permitted to take my child from the center:</b>			
<b>(Optional) Persons <u>NOT</u> permitted to take my child from the center:</b>			
<b>Emergency Medical Information – Note: If your child does not visit a dentist yet, please provide your dentist contact information.</b>			
<b>Dentist:</b>	Dentist Address:		
Dentist Office Phone:			
<b>Medical Insurance Company:</b>	<b>Medical Card ID or assistance number:</b>		
<b>Physician:</b>	Physician Address:		
Physician Office Phone:			
<b>Child's Last DPT:</b>	<b>Child's Weight:</b>	<b>Child's Allergies:</b>	
<b>Other significant medical information, including medications:</b>			

## Emergency Medical Care Permission

In case of an emergency, I authorize Choo Choo Montessori to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the Center in the event that I cannot be reached or am late in arriving on the scene.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency medical response unit for treatment if the local emergency resource (Police, Rescue Squad), deems it necessary. The child will be transported at the expense of (self or insurance):

\_\_\_\_\_.

Optional: If you would like the child to be transported to a hospital other than **St. John's Hospital**, please specify hospital name: \_\_\_\_\_.

I understand that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent Permission Form (For Infants and Toddlers)

Please provide your initials next to the items that you are giving permission for and then sign and date the bottom of the form.

### **Walking Field Trips**

\_\_\_\_\_ I give permission to the center to take my child on supervised walking excursions.

### **Photographs**

\_\_\_\_\_ I give permission to the center to take photographs of my child and to use them for publicity if they so desire. This also includes use of photographs on the center's website.

### **Use of Lotion during Winter Months:**

\_\_\_\_\_ I allow the staff at Choo Choo Montessori to put unscented lotion on my child's hands after handwashing as needed during the Winter months.

### **Use of Sunscreen, Pre-moistened Wipes and Insect Repellants**

\_\_\_\_\_ I give permission to the center's staff to apply following checked items to my child as needed during outdoor activities:

- \_\_\_\_\_ Sun screen lotion (waterproof, SPF 50, and PABA Free)
- \_\_\_\_\_ Pre-moistened anti-bacterial wipes
- \_\_\_\_\_ Insect repellent with DEET for children ages 2 months and older

*The school will provide the supply of these above checked items.*

### **Use of Diapering Products**

\_\_\_\_\_ I give my permission to the staff at this center to use the following checked diapering items when needed on my child when changing a diaper:

- \_\_\_\_\_ Wipes
- \_\_\_\_\_ Diaper Rash Cream
- \_\_\_\_\_ Diaper Rash Ointment
- \_\_\_\_\_ Other, please specify:  
\_\_\_\_\_

*Remember to provide the above checked diapering products on your child's first day and to replenish the supply as needed.*

### **Use of Pain Relieving Medicine**

\_\_\_\_\_ I give my permission to the staff at this center to use pain relieving medicine when needed on my child until I'm able to pick up my child.

*Please fill out the Medication Form to indicate the type of medicine. Then have the child's physician return the form to us after filling-in the dosage and signing it.*

*Remember to provide the medication on your child's first day and to replenish it as needed.*

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# Intake Questionnaire (For Toddlers)

Please answer the following questions to help us get to know your child better.

Please list all the child's siblings (Name and Age):

1	3
2	4

Is the child yours from birth or adoption?  birth  adoption

With whom does the child live with?  mother  father or  other, name/relationship to child: \_\_\_\_\_

Is your child toilet trained?  Yes or  No

How many hours of sleep does your child: at night \_\_\_\_\_ during the day \_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What is your child's favorite activity to do with one or more persons? \_\_\_\_\_ to do by himself/herself? \_\_\_\_\_

Things you are concerned with about your child: \_\_\_\_\_

How does your child get along with other children and adults? \_\_\_\_\_

Briefly describe your child's dietary or medical needs: \_\_\_\_\_

Other things we should know about your child: \_\_\_\_\_

Previous Montessori/Child Care: No  or Yes ; if so, where and how long? \_\_\_\_\_

Why did you choose our center for your child care needs? \_\_\_\_\_

Briefly describe your family's race, religion, home language, culture, and family structure. This information will be used to personalize lessons and circle time: \_\_\_\_\_

Special needs: No  or Yes ; if so, please also provide the Individualized Family Service Plan (IFSP) at the time of enrollment.

Briefly describe how does your child communicates (Sign Language, Body Language, Other Foreign Language, Express Feelings, etc)?

Briefly describe your child's eating habits:

Briefly describe your child's self comforting methods and what would work best for the teacher to comfort your child, if needed:

Where did you hear about Choo Choo Montessori? \_\_\_\_\_

# Parent Volunteer Form

The school year is underway and the Choo Choo Parent Group is looking for help! Please take a moment to review the opportunities below and let us know if you would be interested in helping in ANY capacity. The Parent Group is organized by parents of students enrolled at the school. We meet monthly and are still working to finalize our meeting schedule for this year. Please indicate your interest in leading or helping with one or more of the following activities:

## Monthly Volunteer Opportunities

- Parent group coordinator - Plan and attend monthly parent group meetings and coordinate the above-listed parent group activities.
- Classroom material coordinator - Help prepare art crafts (trace or cut).
- Bulletin board coordinator - Maintain the parent group bulletin board and remind parents of the monthly sign up to donate flowers or food items to the classroom. Parents are also encouraged to bring in books about certain topics.
- Early childhood topic coordinator - During parent group meetings we often have time to learn about early childhood development and the Montessori approach. This position would help coordinate what topics will be covered and planning the presenters.
- Staff birthday coordinator - Communicate with other Choo Choo families when staff birthdays are approaching and suggest staff favorites so parents that are interested can treat staff on their special day. This position can be done from home.

## Quarterly Volunteer Opportunities

- Communications coordinator - Create flyers to inform families of upcoming parent group activities. This can be done from home.
- Social events coordinator - Plan monthly outings for Choo Choo families to get together outside of school. For example, trips to the park, walk a thons, group play dates, parent coffee time, etc. This position will work in coordination with the parent group and can be done from home.
- Staff appreciation coordinator - Plan the annual staff appreciation event in May. Coordinate volunteers to help.
- Fundraising coordinator - Plan and organize fundraising events in coordination with owners. For example, the Monkey House event, Montessori Services, Book Fair, or a silent auction.

## Extra information

Please be specific on how much time or what kind of involvement you would be willing to put forth. For example maybe you would like to help organize staff appreciation but are not comfortable with leading or collecting money.

## What days of the week work best for you to attend a parent group meeting?

Meetings usually take place in the late afternoon/early evening.

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday

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I, \_\_\_\_\_, am interested in receiving information about the above checked volunteer activities  
parent's name

during the time period of \_\_\_\_\_.  
month/year – month/year

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ School Email Address: \_\_\_\_\_

# Vaccination Record Sharing Consent Form

Minnesota law allows for the sharing of immunization information between schools, health care providers, and public health agencies. One way we do this is by each of these entities contributing the immunization records we have to one computer system that is available only to us, called the Minnesota Immunization Information Connection (MIIC). This system is operated by the Minnesota Department of Health and contains only basic name and address information plus vaccines names and dates. It is used solely to help prevent disease by improving immunization services in our community. The information can only be shared with those entities authorized by Minnesota law (Minn. Stat. §144.3351) to receive it.

If you choose to not have your child's immunization information in this system, it does not affect any school services. It may, however, mean more work for you, your child's clinic, and/or school staff to determine your child's immunization status as part of Minnesota's School Immunization Law.

I authorize Choo Choo Montessori to release my child's immunization record to the public health immunization registry. I understand this information can only be used to improve the quality and timeliness of immunization services and to help schools enforce the School Immunization Law. This includes any immunization information the school currently has on my child plus any it may obtain during the time that my child is enrolled and attends the school.

- I do authorize
- I do not authorize

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_