

Bay Farm Montessori Academy

Authorization & Consent

Please review carefully, make changes/additions and return to school by August 5.

Student Information

(please fill in any missing information below.)

DOB _____

M/F _____

START DATE
at BFMA

Full Name: _____

Preferred Name: _____

Social Security #: _____

Phone: _____

Address: _____

Fax: _____

Mail to: _____

Student's Email Address: _____

City/ST/ZIP: _____

Public Elementary School District _____

Parent 1 / Guardian Information

Relationship to student: _____

Title: Mr. Mrs. Ms. Other: _____

SSN/Lic. # _____

Name: _____

Home Phone: _____

Preferred Name: _____

Cell Phone: _____

Address: _____

Work Phone: _____

(if Different)

Other: _____

City: _____ ST: _____ ZIP: _____

Do not publish in

Email: _____

Family Directory: Phone: Email:

Primary Car Info: Make _____ Model _____ Color _____ Plate No. _____

Work: _____ Industry: _____

Business Name: _____ Main Phone #: _____ Occupation: _____

Address: _____ Job Title: _____

City: _____ ST: _____ ZIP: _____ Department: _____

Work Schedule: (Days/Hours) _____

Parent 2 / Guardian Information

Relationship to student: _____

Title: Mr. Mrs. Ms. Other: _____

SSN/Lic. # _____

Name: _____

Home Phone: _____

Preferred Name: _____

Cell Phone: _____

Address: _____

Work Phone: _____

(if Different)

Other: _____

City: _____ ST: _____ ZIP: _____

Do not publish in

Email: _____

Family Directory: Phone: Email:

Primary Car Info: Make _____ Model _____ Color _____ Plate No. _____

Work: _____ Industry: _____

Business Name: _____ Main Phone #: _____ Occupation: _____

Address: _____ Job Title: _____

City: _____ ST: _____ ZIP: _____ Department: _____

Work Schedule: (Days/Hours) _____

PRIMARY EMERGENCY CONTACT

Please fill in person to contact in the event of an emergency if the parent(s) or guardian(s) cannot be reached.

Title: Mr. Mrs. Ms. Other: _____ Relationship to student: _____
Name: _____ SSN/Lic. # _____
Preferred Name: _____ Cell Phone: _____
Work Phone: _____

Spouse (only fill in if you wish the spouse to also be listed as an Emergency Contact/Pick-Up person)

Title: Mr. Mrs. Ms. Other: _____ Relationship to student: _____
Name: _____ SSN/Lic. # _____
Preferred Name: _____ Cell Phone: _____
Work Phone: _____
Address: _____ Home Phone: _____
City: _____ ST: _____ ZIP: _____ Other: _____

Pick Up Authorization

Individuals other than parents authorized to pick up child **must** have Social Security # or photocopy of driver's license in student's file. Check the Yes box next to the person(s) to contact in the event of an emergency if the emergency contact cannot be reached.

Contact in Case of Emergency?: Yes No Relationship to student: _____

Title: Mr. Mrs. Ms. Other: _____ SSN/Lic. # _____
Name: _____ Cell Phone: _____
Preferred Name: _____ Work Phone: _____

Spouse (only fill in if you wish the spouse to also be listed as an Emergency Contact/Pick-Up person)

Title: Mr. Mrs. Ms. Other: _____ Relationship to student: _____
Name: _____ SSN/Lic. # _____
Preferred Name: _____ Cell Phone: _____
Work Phone: _____
Address: _____ Home Phone: _____
City: _____ ST: _____ ZIP: _____ Other: _____

Contact in Case of Emergency?: Yes No Relationship to student: _____

Title: Mr. Mrs. Ms. Other: _____ SSN/Lic. # _____
Name: _____ Cell Phone: _____
Preferred Name: _____ Work Phone: _____

Spouse (only fill in if you wish the spouse to also be listed as an Emergency Contact/Pick-Up person)

Title: Mr. Mrs. Ms. Other: _____ Relationship to student: _____
Name: _____ SSN/Lic. # _____
Preferred Name: _____ Cell Phone: _____
Work Phone: _____
Address: _____ Home Phone: _____
City: _____ ST: _____ ZIP: _____ Other: _____

Contact in Case of Emergency?: Yes No Relationship to student: _____

Title: Mr. Mrs. Ms. Other: _____ SSN/Lic. # _____

Name: _____ Cell Phone: _____

Preferred Name: _____ Work Phone: _____

Spouse (only fill in if you wish the spouse to also be listed as an Emergency Contact/Pick-Up person)

Title: Mr. Mrs. Ms. Other: _____ Relationship to student: _____

SSN/Lic. # _____

Name: _____ Cell Phone: _____

Preferred Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City: _____ ST: _____ ZIP: _____ Other: _____

Contact in Case of Emergency?: Yes No Relationship to student: _____

Title: Mr. Mrs. Ms. Other: _____ SSN/Lic. # _____

Name: _____ Cell Phone: _____

Preferred Name: _____ Work Phone: _____

Spouse (only fill in if you wish the spouse to also be listed as an Emergency Contact/Pick-Up person)

Title: Mr. Mrs. Ms. Other: _____ Relationship to student: _____

SSN/Lic. # _____

Name: _____ Cell Phone: _____

Preferred Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City: _____ ST: _____ ZIP: _____ Other: _____

Contact in Case of Emergency?: Yes No Relationship to student: _____

Title: Mr. Mrs. Ms. Other: _____ SSN/Lic. # _____

Name: _____ Cell Phone: _____

Preferred Name: _____ Work Phone: _____

Spouse (only fill in if you wish the spouse to also be listed as an Emergency Contact/Pick-Up person)

Title: Mr. Mrs. Ms. Other: _____ Relationship to student: _____

SSN/Lic. # _____

Name: _____ Cell Phone: _____

Preferred Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City: _____ ST: _____ ZIP: _____ Other: _____

Bay Farm Montessori Academy

8/1/2005

Authorization & Consent

Medical Info. & Releases

DOCTOR _____ Address _____ Doctor's Phone _____

ALLERGIES _____ DIET RESTRICTIONS _____

A Doctor's Medical Authorization must be on file in order for a teacher to dispense a medication.

MEDICATION _____

New Students: a physical form with updated immunizations, chicken pox information, and a lead screening is required before entry to school.

For returning students: the date below indicates the date of your child's most recent physical.

PHYSICAL	IMMUNIZATIONS	LEAD	ChPox Shot ChPox-Illness
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DENTIST _____ Address _____ Dr's Phone _____

Other pertinent information: _____

Eye Color _____ Hair Color _____ Skin Color _____ Height _____ Weight _____

Identifying Marks: _____ Primary Language: _____

Race (for Mass DOE census) *Please circle one.*

Caucasian (not Hispanic) Hispanic African American (not Hispanic) Native American Asian

**Attach recent
photograph
please.**

Medical Release—I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for . However, if I cannot be reached, I hereby authorize the personnel selected by Bay Farm Montessori Academy to transport my child to a hospital*, and to secure for my child the necessary medical treatment as determined by the Emergency Medical Team. I understand the teachers in the school are trained in CPR and First Aid and I authorize them to give my child first aid when appropriate. I will hold Bay Farm Montessori Academy harmless in such event(s) except in case of negligence. *Please note: By law, we are required to transport an injured/sick child to the nearest hospital, which in our case, is Jordan Hospital. We cannot honor any wishes to utilize another hospital in an emergency.

Photo Release—Bay Farm Montessori Academy has my permission to photograph my child and family during school functions (this includes video tape) and use these photos for school-related activities, posters, website, brochures, newspaper publicity, as well as video-taped performances for cable TV. I understand "family" to include any and all guests I invite to school functions.

Privacy Release—I authorize Bay Farm Montessori Academy to print my name, address, and phone number in a directory for the use of parents to organize volunteers, set up play dates, mail invitations to, and/or arrange for car pooling. This directory is furnished for the personal use of the Bay Farm Montessori Academy community. Any use of this directory for solicitation or any other commercial purpose is unauthorized.

Release for Field Trips—Bay Farm Montessori Academy has my permission to transport my child to and from school, during school hours, to specific destinations by modes of transportation that the school deems reasonable (cars with seat belts or buses). You will receive prior notification of each field trip.

Observation Release—I give my permission to Bay Farm Montessori Academy to permit the presence of routine observers in my child's classroom. I understand that these may include BFMA administrative and teaching personnel, the school's in-house psychologist and learning specialist. I also understand that there may be other professional and parent observers, whose purpose is to learn from the structure and staff of BFMA.

SIGNATURE _____

Date _____

Most recent A&C form on file: