



ARBOR MONTESSORI SCHOOL



2010-11 Family Data Form

Please print **legibly** and with **dark ink!**

Student's Name _____ Male () Female ()

Social Security # _____ Date of Birth _____ Age by Sept 1 _____

Child resides **majority of time** with (check one): ___ Both parents ___ Mother ___ Father ___ Grandparent ___ Guardian

In which public school district does this child **live**?
___ City of Atlanta ___ City of Decatur ___ Clayton County
___ Cobb County ___ Dekalb County ___ Fayette County ___ Fulton County ___ Gwinnett County
___ Henry County ___ Paulding County ___ Rockdale County

Parent 1 Name _____ Home Phone _____

Non-formal name or nickname _____ Work Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Beeper _____

Employer _____ E-mail for general school purposes: _____

Position _____

Work address _____ E-mail in case of emergency: _____

City _____ State _____ Zip _____

Do you own this business? Yes No

Parent 2 Name _____ Home Phone _____

Non-formal name or nickname _____ Work Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Beeper _____

Employer _____ E-mail for general school purposes: _____

Position _____

Work address _____ E-mail in case of emergency: _____

City _____ State _____ Zip _____

Do you own this business? Yes No

EMERGENCY CONTACTS: (List persons who are in town and can be available in an emergency if you cannot be reached)

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Home Ph _____ Wk Ph _____ Home Ph _____ Wk Ph _____

Beeper # _____ Beeper # _____

Over →

Bright From the Start requires Arbor to have on file the complete **address (including street number and zip) as well as phone number** of each person **authorized to pick up** your child. If names are the same as emergency contacts, write "Same".

Name _____

Name _____

Relationship _____

Relationship _____

Street Address _____

Street Address _____

City & Zip _____

City & Zip _____

Home Ph _____

Home Ph _____

Work Ph _____

Work Ph _____

Beeper/Cell _____

Beeper/Cell _____

Name _____

Name _____

Relationship _____

Relationship _____

Street Address _____

Street Address _____

City & Zip _____

City & Zip _____

Home Ph _____

Home Ph _____

Work Ph _____

Work Ph _____

Beeper/Cell _____

Beeper/Cell _____

Student's Physician _____

Phone _____

SS# of person responsible for medical payment _____ (This is required by hospital emergency room admissions.)

Family Medical & Health Insurance Carrier _____

Policy No. _____ Group No. _____ Contract No. _____

Please note the following plan of treatment for various things we deal with at school. Your signature indicates your approval of this basic care for your child. If you do NOT approve, please inform us in the space provided. Also, let us know if there are special situations that may occur with your child and how we should deal with them (e.g., asthmatic attacks, diabetic reactions). In general, we follow the basic guidelines for first-aid in cases of minor injuries and illnesses.

1. Cuts, scrapes, bumps: Wash with soap and water; apply ice (if necessary) and Band-aid.
2. Bee or yellow jacket sting: Apply ice and watch for allergic reaction. If there is a systemic reaction (severe swelling about the head or difficulty breathing or swallowing), we will administer Benadryl by mouth immediately. We will make every effort to notify a parent and/or physician. If necessary, the child will be taken to the nearest emergency center for further treatment.
3. Severe sore throat, fever, nausea: We will call a parent or one of the names listed above. The child will rest in the classroom or office until picked up.
4. Injury to bone or joints: Apply ice; call a parent if there is severe discomfort; take child to nearest emergency center if a bone is obviously broken.

My child is allergic to: _____

You have my permission to treat this allergy in this way: _____

Other health or medical problems: _____

Medication and dosage that my child regularly takes: _____

I agree to the conditions of this contract. I give my permission for basic first-aid measures for my child and, in the case of more serious injury, for emergency medical treatment.

Parent's Signature _____ **Date** _____