



# ARBOR MONTESSORI SCHOOL



## 2011-12 Family Data Form

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Please print **legibly** and with **dark ink!**  
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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 or Mother's 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 or Father's 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** \_\_\_\_\_