

# Lagniappe Montessori & Children's Center

## Master Card

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

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

	Mother	Father
Name		
Address		
Employer		
Home Phone Number		
Work Phone Number		
Cell Phone Number		
Email Address		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Persons to call in an emergency if parents are unavailable and persons that my child may be released to:  
(Please include name, address, phone number, and relationship.)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Please list any persons restricted from picking your child up from Lagniappe Montessori & Children's Center. \_\_\_\_\_

Does your child have any dietary restrictions, food or other allergies? If so, please explain.

My child has permission to be released to the following individuals in addition to the emergency contacts listed above.

Name	Phone Number	Relationship

**CONTINUED ON BACK**

**Authorizations:**

**1) EMERGENCY MEDICAL TREATMENT**

I authorize Lagniappe Montessori & Children's Center to secure emergency medical treatment for my child in the event it becomes necessary.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Insurance Information: \_\_\_\_\_

**2) PRESS RELEASE, WEBSITE PHOTOS, FACEBOOK PHOTOS**

I give permission for my child to be interviewed and photographed for school events. (For website use, Facebook and newspaper releases)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3) Application of Topical Products**

I give permission for center staff to apply the following topical products to my child. This one time authorization will remain in effect until a new authorization is signed.

- | Yes | No  | Please Check One                                     |
|-----|-----|--|
| ( ) | ( ) | *Diaper rash ointment (Please provide this product.) |
| ( ) | ( ) | *Sunscreen (Please provide this product.)            |
| ( ) | ( ) | Peroxide   |
| ( ) | ( ) | Neosporin  |
| ( ) | ( ) | Band-Aids  |
| ( ) | ( ) | Bactine Pain Relieving Cleansing Spray               |
| ( ) | ( ) | Calamine Lotion                                      |
| ( ) | ( ) | *Other: _____ (Please provide this product.)         |

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4) Summer Water Days**

I give permission for center staff to allow my child to participate in any Summer Water Day Activities. This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5) PG Programming (Only for children 5 years old and above)**

I give permission for center staff to allow my child to view PG rated programming during center operation hours.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_