



Quad City Montessori School

2400 East 46th Street
Davenport, IA 52807
(563) 355-1289

Admission Application 2008-09 School Year

This information is required by the Department of Human Services and is secured in your child's file in the front office and provided to your child's teacher.

Child's Name: _____ (Male) (Female) Birth date: _____

Address (include zip code): _____

Parents or Legal Guardians

Mother: _____ Father: _____

Address: _____ Address: _____

Home/Work Phone: _____ Home/Work Phone: _____

Place of Employment: _____ Place of Employment: _____

Email Address: _____ Email Address: _____

Emergency Medical Consent: In the event that my child may require emergency medical, surgical, and/or dental care while I am out of the city or unable to be reached, I hereby give my consent for treatment by the hospital, doctor, or dentist listed below or his/her designee to provide this care. I agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Mother's Signature & Social Security Number: _____

Father's Signature & Social Security Number: _____

Doctor's Name and Phone Number: _____

Doctor's Complete Address: _____

Dentist's Name and Phone Number: _____

Dentist's Complete Address: _____

(We are required to have dentist's information for every child, even if he/she has not yet been to a dentist.)

Preferred Hospital: _____ Insurance Coverage: _____

Known Allergies: _____ Present Medication: _____

Emergency Contacts: In the event that I am unable to be reached, I authorize that the following persons have my permission to pick up my child and/or seek medical attention for him/her.

Emergency Contact Name	Work/Home Phone Number	Relationship to Child

Pick-Up Permission: In addition to parents and the emergency contacts listed above, I give my permission for my child to leave QCMS with the following persons. It is the responsibility of the parent to notify QCMS in writing of any changes.

Is there anyone who may NOT pick up your child? _____

Parent's Signature/Date for Emergency Medical Consent, Emergency Contacts & Pickup Permissions: _____



QCMS Admission Application 2008-09 School Year (continued)

Travel Release: I give my permission for my child to leave QCMS for field trips. These trips will involve parents transporting students by car. Proper restraints will be employed. I will receive a note for each individual field trip. If I wish my child to ride in a car seat or booster seat it is my responsibility to provide this equipment.

Any restrictions on travel? (Yes) (No) Explain: _____

Photo Releases: I give my consent for my child to be photographed by the QCMS staff for use in its scrapbooks and bulletin boards. (Yes) (No)

I give my consent for my child to be photographed for use by QCMS in its advertising or promotion. (Yes) (No) (Yes, but do not identify my child by name in media photos)

Parent's Signature/Date for Travel & Photo: _____

Other Information: Does your child have any fears? (Yes) (No) Explain: _____

Does your child have any nervous habits? (Yes) (No) Explain: _____

Does your child have any food allergies or eating difficulties? (Yes) (No) Explain: _____

Has your child ever been stung by a bee or wasp? (Yes) (No) Any reactions?: _____

Is your child potty-trained? (Yes) (No) How does he/she indicate need to go? _____

What is your child's usual waking time? _____ Bed time? _____

Does your child have any sleep difficulties? (Yes) (No) Explain: _____

Roster: Each year we publish a roster that includes the names, addresses, email, and phone numbers of our students that is distributed ONLY to our students. This roster is used by our families to arrange play dates, car pools, plan fundraisers, etc. Do we have your permission to list your family in our roster? (Yes) (No)

Parent's Signature/Date for Roster: _____

I understand the non-refundable application fee of \$300.00 will hold my child's slot until August 1, 2008, when the first tuition payment is due. Tuition payments, late fees and other financial obligations are outlined in the 2008-09 tuition brochure. I understand the application process is not complete until I have submitted my child's immunization records, physical form, a signed financial agreement, a completed student profile form, and paid at least the first month's tuition payment. I understand that my child will not be allowed to attend classes until the above-mentioned forms and payments have been received by Quad City Montessori School.

Mother's Signature/Date

Father's Signature/Date

School Representative/Date