



Great Work  
Montessori School

## 2018-2019 Student File Checklist: Primary

Student Name: \_\_\_\_\_ Jeffco ID: \_\_\_\_\_

- ☐ Jeffco Connect Registration if haven't already done so or update information if already have an account
  - ☐ Parent/Guardian Identification
  - ☐ Birth Certificate Copy if not already on file at GWMS
  - ☐ Proof of Address (Utility Bill) if new registration or if changing address
- ☐ Registration Packet
  - ☐ Fee Schedule Payment Selection form
  - ☐ Extended Care Contract (if haven't already turned this in)
  - ☐ Student Emergency Card
  - ☐ Walking Permission Slip
  - ☐ Video/photography permission form
  - ☐ Sunscreen Authorization form
  - ☐ Medical and Emergency Treatment Information Form
  - ☐ Student Health Policy Agreement
  - ☐ General Health Appraisal Report
  - ☐ Immunization Records/Exemption Form
- ☐ Family Economic Data Survey Form (Any families that are requesting reduced or waived fees or tuition.)
- ☐ Tuition Calculator
  - ☐ Print out Tuition Contract and send in with registration documents. Bring your first payment or be prepared to pay your first payment at registration
- ☐ ATS System pin set (see link "All about ATS") and check your email for a pin reset email which will be sent once registration forms are received
- ☐ Community Handbook Agreement- please read through the handbook on our website under Parents > Documents to familiarize with our policies and procedures, sign, and return the last page

Required as needed by individual student:

- ☐ Significant observations of the child's development
- ☐ A record of parent conferences, previous school records, etc.
- ☐ IFSP or IEP for students with identified special needs
- ☐ Colorado Student Asthma Plan
- ☐ Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders
- ☐ Student Health Plan/504
- ☐ Medication Agreement (for any medications to be kept on site and administered during the school year)
- ☐ Cream/Ointment/Balm Permission Form (for any of these items to be kept on site and administered during the school year)



## Great Work Montessori School 2018-2019 Fee Schedule

Student Name: \_\_\_\_\_

Instead of purchasing school supplies, fees are collected at the time of registration. These fees allow for the purchase of all consumables the children will need as well as allow each of our classrooms to provide for the optimum learning environment.

### GWMS School Fees

- ☐ \$100 Consumable Supplies
- ☐ \$200 Classroom Materials Donation

Fees can be reduced or waived for families who qualify for free and reduced.

These fees can be paid by the following methods:

*Please select your method of payment, and then make your payment on Jeffco Connect.*

- ☐ Annually
  - ☐ \$300 due at time of registration
- ☐ Semi-Annually
  - ☐ \$150 due on or before August 16, 2018
  - ☐ \$150 due on or before January 7, 2019
- ☐ Monthly
  - ☐ \$30 due on or before August 16th, 2018
  - ☐ \$30 due at the first of each month as of September

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Parent/Guardian Name

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Parent/Guardian Signature

-----  
Date



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## Extended Care Standard Rates and Contract 2018/2019

*Circle the box of the programs you will use regularly. You can choose one, two, or three programs.*

Before Care	After Care	After Care Plus	All Extended Care
7-8am	3-4pm	3-5:30pm	7-8am & 3-5:30pm
Drop-in \$10/day	Drop-in \$10/day	Drop-in \$15/day	Drop-in \$25/day
\$20/month	\$20/month	\$20/month	\$20/month
1 day/week (32 days)	1 day/week (32 days)	1 day/week (32 days)	1 day/week (32 days)
\$40/month	\$40/month	\$100/month	\$140/month
<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>
\$60/month	\$60/month	\$150/month	\$210/month
<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>
\$80/month	\$80/month	\$200/month	\$280/month
<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>
\$100/month	\$100/month	\$250/month	\$350/month
<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>

Child: \_\_\_\_\_ Monthly Rate: \$\_\_\_\_\_

Please enter \$0 as your monthly rate if you do not plan to regularly use extended care.

### Before/After Care Policy:

Drop in care is available. Please call the main office to notify us that your child(ren) will be needing care, when possible. All children must be picked up by 5:30pm. Late fees are applied at \$1.00 per minute per child not picked up by 5:30 pm. Late fees are expected to be paid upon pick-up. Late fees are \$1.00/minute up to max rate of \$20.00 per day. Monthly fees are due on the 1st of every month and are late if received after the 5th of the month, when a \$20 late fee will be assessed. If you are late on your payments, your child(ren) will not be allowed to participate in the program until your balance is paid in full. Receipts are provided upon request. As legal custodial parent(s)/guardian(s), we(I) have read and understand the above policies and by signing below agree to all the terms and conditions herein.

\_\_\_\_\_  
Print Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Extended Care FRL Rates and Contract 2018/2019

*Circle the box of the programs you will use regularly. You can choose one, two, or three programs.*

Before Care 7-8am	After Care 3-4pm	After Care Plus 3-5:30pm	All Extended Care 7-8am & 3-5:30pm
Drop-in \$10/day	Drop-in \$10/day	Drop-in \$15/day	Drop-in \$25/day
\$10/month	\$10/month	\$30/month	\$40/month
1 day/week (32 days)	1 day/week (32 days)	1 day/week (32 days)	1 day/week (32 days)
\$20/month	\$20/month	\$55/month	\$75/month
<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>	<u>2 days/week (64 days)</u>
\$30/month	\$30/month	\$75/month	\$105/month
<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>	<u>3 days/week (96 days)</u>
\$40/month	\$40/month	\$100/month	\$149/month
<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>	<u>4 days/week (128 days)</u>
\$50/month	\$50/month	\$125/month	\$175/month
<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>	<u>5 days/week (160 days)</u>

Child: \_\_\_\_\_ Monthly Rate: \$\_\_\_\_\_

Please enter \$0 as your monthly rate if you do not plan to regularly use extended care.

### Before/After Care Policy:

Drop in care is available. Please call the main office to notify us that your child(ren) will be needing care, when possible. All children must be picked up by 5:30pm. Late fees are applied at \$1.00 per minute per child not picked up by 5:30 pm. Late fees are expected to be paid upon pick-up. Late fees are \$1.00/minute up to max rate of \$20.00 per day. Monthly fees are due on the 1st of every month and are late if received after the 5th of the month, when a \$20 late fee will be assessed. If you are late on your payments, your child(ren) will not be allowed to participate in the program until your balance is paid in full. Receipts are provided upon request. As legal custodial parent(s)/guardian(s), we(I) have read and understand the above policies and by signing below agree to all the terms and conditions herein.

\_\_\_\_\_  
Print Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Emergency Contact Form

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Jeffco ID # \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact Person (Persons to be contacted if parents/guardians cannot be reached)

1) Name \_\_\_\_\_ Cell \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Cell \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

### Additional Persons Authorized to Pick up Child

1) Name \_\_\_\_\_ Cell \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Cell \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

### Medical Information

Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION**

In the event of an emergency I hereby give my permission for Great Work Montessori School staff to access emergency medical services for my child, including transport to the nearest healthcare facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport. I certify that the information I have provided is true to the best of my knowledge. If any of the information changes I will notify Great Work Montessori School immediately.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Safety Procedures and Guidelines for Walks**

All classrooms are required to include community walks as a part of their weekly curriculum unless weather permits a walk from happening. Teachers must obtain copies of each child's Walking Permission Slip from his/her student file in the front office. No child shall participate in community walks without a signed permission slip.

### **Ratios:**

- o A minimum of two staff members will be present on all walks.
- o Staff will maintain the following ratios on walks:
  - o Nido - 1:4
  - o YCC – 1:5
  - o Primary – 1:10
  - o Elementary - 1:15

### **Child Safety:**

- o All Nido, YCC, and Primary children must be holding a teacher's hand, each others' hands or a rope with loops on it.
- o Staff will stop at every intersection to inspect for vehicles prior to crossing the street.
- o Staff will act quickly in any situation to ensure the safety of all of the children.
- o Staff will notify the administrative office when they are leaving and provide the following information:
  - o What time they left
  - o What time they expect to return
  - o Names of all children and staff participating in the walk

### **Equipment:**

- o First Aid Kit
- o Emergency Medicines
- o Cell phone from front desk
- o Water
- o Classroom Emergency Folder

Community walks are an excellent opportunity for the children to get fresh air, learn about their community, develop knowledge of pedestrian safety, and enhance their vocabulary. We encourage all parents to allow their children to participate in the community walks.



## 2018-2019 WALKING PERMISSION SLIP

Child's Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

The classrooms at Great Work Montessori School regularly take walks in the neighborhood as a method of curriculum enrichment for the children. Walks allow the children to learn about safety, offer numerous opportunities for language enrichment , and the children can practice grace and courtesy . All classrooms are required to adhere to the Great Work Montessori School Safety Procedures and Guidelines for Walks included in this enrollment packet.

### CHECK ONE:

- ☐ I hereby give my child permission to participate in Great Work Montessori School Community Walks as a part of his/her regular weekly curriculum.
- ☐ I decline to give my child permission to participate in Great Work Montessori School Community Walks.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## 2018-2019 Video/Photography Permission Form

Dear Parent/Guardian:

During the school year, your child's image/photo or work may be included in a classroom or school project that could be used in one of the following ways:

- Used as a demonstration project/activity in education workshops/classes/conferences by Great Work Montessori School
- Used as a sample project/activity on CDs created by Great Work Montessori School for use in education workshops and student classrooms
- Posted on the Great Work Montessori School web page
- Submitted as samples to program publishers or as contest entries to sponsors
- Appear on videotape made during a student presentation of their project, or in broadcasts or videotapes demonstrating Montessori in general
- Videotaped to appear in a school related program to be used by a local television station or school/county project
- Used in a printed publication such as a newspaper or magazine

While your child's name may accompany the photo, no last name or address will be included with your child's picture when publishing on the internet.

There is no monetary compensation for the use of the work, but it will help many teachers get more use out of their computers, and show other students a good example of what can be. Please sign the release form below and return this sheet to your child's school. Your permission grants us approval to publicize without prior notification and remains in effect until revoked. Thanks!

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☐ I/We **DO** give permission for \_\_\_\_\_'s  
Child's Full Name

image/photograph or work to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

☐ I/We **DO NOT** give permission for \_\_\_\_\_'s  
Child's Full Name

image/photograph or work to be used as described above.

\_\_\_\_\_  
Parent/Guardian Name      Parent/Guardian Signature      Date





## 2018-2019 Sunscreen Authorization

Child's Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

By checking the appropriate box below, I give my permission for GWMS staff to apply Rocky Mountain Sunscreen SPF 50 Broad Spectrum for Kids to my child, as he/she will be playing outside on a year-round basis between the hours of 7:00 am and 5:30 pm. I further understand that sunscreen may be applied to exposed skin, including, but not limited to, the face, tops of ears, nose, bare shoulders, arms, and legs.

### ROCKY MOUNTAIN SUNSCREEN SPF 50 BROAD SPECTRUM

Ingredients: Avobenzone, homosalate, octisalate, octocrylene, aluminum starch octenylsuccinate, carbomer, dimethicone, disodium EDTA, ethylhexylglycerin, phenoxyethanol, polyglycerol-3 distearate, sorbitan isostearate, sorbitol, stearic acid, tocopherol, triethanolamine, VP/eicosene copolymer, water

I have read through all of the product ingredients above and to my knowledge and my physician's knowledge, my child is not allergic to any of the above ingredients.

☐ My child does not have any known allergies to ROCKY MOUNTAIN SUNSCREEN SPF 50 BROAD SPECTRUM FOR KIDS.

☐ GWM Staff may apply ROCKY MOUNTAIN SUNSCREEN SPF 50 BROAD SPECTRUM FOR KIDS to my child.

☐ Please do not apply ROCKY MOUNTAIN SUNSCREEN SPF 50 BROAD SPECTRUM FOR KIDS to my child. I understand that it is my responsibility to provide alternate sunscreen for my child that is labeled with child's name.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Medical and Emergency Treatment Information Form 2018-2019

*Each item below must be answered*

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Hospital for Emergency Treatment: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Office Name: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Office Name: \_\_\_\_\_ Address: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Date of Last Check-up: \_\_\_\_\_

### VERBAL AUTHORIZATION FOR STUDENT RELEASE

In the event of an emergency in which no previously authorized persons are able to pick up your child, you will be asked to give a verbal authorization. We must have a code word for verbal identification purposes. This code is solely for the parents/guardians listed on this document. **Please do not share this word with anyone.**

Code Word: \_\_\_\_\_ Hint: \_\_\_\_\_

### CONSENT TO MEDICAL CARE

I/We give permission to the Great Work Montessori School, licensed by the Colorado Department of Human Services Division of Child Care and Jefferson County School District, to perform and/or secure emergency medical treatment for the above named minor child/children while in care at the school.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Student Health Policy Agreement 2018-2019

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### **General Policy:**

Agreement to abide by the terms of GWMS' Health Policy is a condition of enrollment at GWMS.

If a child exhibits any of the symptoms listed below, he/she will not be admitted to GWMS upon arrival, nor will he/she be allowed to remain at the school should the symptoms become evident during the school day. When a parent is called to pick up a sick child, he/she or another authorized adult will need to be at GWMS within 45 minutes of contact.

The child must be completely symptom free for at least 24 hours, or have a signed note on letterhead from a physician, other than the child's parent, stating the cause of the symptoms and that he/she is not contagious and is well enough to participate in regular activity before he/she will be allowed to return.

**Students sent home from school with symptoms of illness outlined in this Health Policy Agreement after 9:00 am will not be admitted to school the following day unless accompanied by a note from a physician that declares them to be not contagious and able to participate in regular school activity.**

**Fever:** Any temperature of 100 or higher is an indication of contagious illness. Should a child be recorded with such a fever, he/she will not be admitted until symptom free for 24 hours, without the use of medication. A child may also be sent home with a low-grade temperature accompanied by other symptoms including but not limited to diarrhea, rash, and lethargy.

**Diarrhea:** If a child has two or more loose stools (unformed or watery) in a day, he/she must stay home until 24 hours after the diarrhea stops. A child with diarrhea may be admitted to class only with a written statement from the doctor stating the cause of the diarrhea and that it is not contagious. Children who regularly have soft stools when cutting new teeth may be admitted on a special condition that no other symptoms are present. Children with soft stools caused by antibiotic medication with a note from a doctor stating the cause will be admitted.

**Rashes:** In the event that a child has a rash, it will be up to the discretion of the classroom staff as to whether or not the child can be admitted to school or remain at school. A mild rash will be closely monitored. Rashes that appear suddenly, spread quickly on a child's skin, open up and puss or bleed, or are accompanied by a fever or other symptoms will require a doctor's note before the child can be admitted into the school. *This note will need to dictate the cause of the rash, the treatment, and clarify that the child is not contagious and can be allowed at the school.*

**Vomiting:** Any child who vomits during the course of the school day or who vomited at home in the 24 hours prior to the school day will be sent home immediately.

**Significant Behavior Changes:** Children who are not feeling well enough to participate in the activities of the day, are eating poorly, lacking their normal energy, and/or are wanting to sleep more need individualized attention. If the staff is not able to provide this without compromising the health and safety of the other children, the child will need to go home.

**Serious Illness:** When a student enrolled at GWMS is diagnosed with a serious illness, the parents are required to report the diagnosis to the school. The lead teacher in the student's classroom will post a sign on the classroom door that informs the parents and staff that there is a confirmed illness in that classroom, without compromising the confidentiality of the individual student. Serious illnesses include but are not limited to: strep, RSV, impetigo, influenza, scarlet fever, chicken pox, head lice, and hand, foot and mouth disease. Any diagnosed, communicable illness must be reported to GWMS within 24 hours of diagnosis.

**Medication Policy:** All student medications must be provided by the parents/guardians in the original container with all packaging and inserts included. The medication must be labeled with the child's name. All medications will be stored in the administration area in locked cabinets.

Medications must be accompanied by a Medication Administration Form and signed by a doctor other than the child's parent that indicates the type of medication, the proper dosage, and the purposes for which the medication can be used. No medication will be given for any purpose other than what the doctor has written. GWMS staff will not give a child more than the recommended dose on the packaging, even with a doctor's note. Prior to administering medication, GWMS staff are required to obtain verbal permission from a parent/guardian. No medication will be given without verbal consent from a parent/guardian.

***I understand that, as a parent/guardian of a GWMS student, I am required to abide by this GWMS Health Policy Agreement. My signature below indicates my full understanding of the Health Policy and my agreement with all of the provisions outlined therein.***

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Parent/Guardian Name	Signature	Date

# GENERAL HEALTH APPRAISAL FORM

## PARENT please complete AND SIGN

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies: ☐ None or Describe \_\_\_\_\_

Type of Reaction \_\_\_\_\_

Diet: ☐ Breast Fed ☐ Formula \_\_\_\_\_ ☐ Age Appropriate

☐ Special Diet \_\_\_\_\_

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

☐ Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, \_\_\_\_\_ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: \_\_\_\_\_ Weight @ Exam: \_\_\_\_\_

Physical Exam: ☐ Normal ☐ Abnormal (Specify any physical abnormalities) \_\_\_\_\_

Allergies: ☐ None or Describe \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Significant Health Concerns: ☐ Severe Allergies ☐ Reactive Airway Disease ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations

☐ Developmental Delays ☐ Behavior Concerns ☐ Vision ☐ Hearing ☐ Dental ☐ Nutrition ☐ Other \_\_\_\_\_

Explain above concern (if necessary, include instructions to care providers): \_\_\_\_\_

Current Medications/Special Diet: ☐ None or Describe \_\_\_\_\_

Separate medication authorization form is required for medications given in school, child care or camp

**For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT**

☐ Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office

**OR** ☐ Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office

Immunizations: ☐ Up-to-Date ☐ See attached immunization record ☐ Administered today: \_\_\_\_\_

## Health Care Provider: Complete if Appropriate

**\*\*ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE\*\***

**\*\* Height @ Exam \_\_\_\_\_ \*\* B/P \_\_\_\_\_ \*\*Head Circumference (up to 12 months) \_\_\_\_\_ \*\***

**\*\* HCT/HGB \_\_\_\_\_ \*\* Lead Level ☐ Not at risk or Level \_\_\_\_\_**

**\*\*TB ☐ Not at risk or Test Results ☐ Normal ☐ Abnormal**

**\*\*Screenings Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal ☐ Dental: ☐ Normal ☐ Abnormal-**

**Recommended Follow-up \_\_\_\_\_**

## Provider Signature

Next Well Visit: ☐ Per AAP guidelines\* or ☐ Age \_\_\_\_\_

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

\_\_\_\_\_

Signature of Health Care Provider (certifying form was reviewed)

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

## **Office Stamp**

Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

\*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

Copyright 2007 Colorado Chapter of the American Academy of Pediatrics

## 2018-2019 COMMUNITY HANDBOOK ACKNOWLEDGEMENT FORM

This Community Handbook was created to promote an understanding of the policies and procedures at Great Work Montessori School (GWMS). The information in this Community Handbook applies to all activities occurring on school grounds, and during any school related activity. It is important that parents and students are familiar with these expectations. Please remove this page, sign it, and return it to the Director. It will be added to your child's permanent file. Your signature means that you have received this Community Handbook and understand the policies and procedures of GWMS.

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Enrolling in GWMS is a commitment to partner with us in supporting the development of the children in our community and to participate in Restorative Practices. I will work collaboratively with my child's guide and attend school sponsored events. In so doing, I will help to build a community of lifelong learners.

I acknowledge that I have received and carefully read the GWMS Community Handbook. I understand that it is my responsibility to contact the Head of School should I have questions or need clarification regarding any policies, practices and procedures contained in the Community Handbook.

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Print Parent/ Guardian name                      Parent/ Guardian Signature                      Date