



# Cleveland Montessori Parental Consents

I hereby give consent for my child, \_\_\_\_\_, as indicated below.

### Routine Walking Trips

I \_\_\_\_ (do) \_\_\_\_ (do not) give consent for my child to go on routine walking trips to the playground at Tony Brush Park, Alta House and other areas/businesses in the Neighborhood of Little Italy including Lakeview Cemetery.

### Photo / Video Release

I \_\_\_\_ (do) \_\_\_\_ (do not) give permission for my child to be included in photograph and/or video media at Cleveland Montessori some of which may be used in promotions and educational publications such as school newsletters, brochures, display boards and advertisements. The School may also use photographs and video for parent, staff or community purposes.

NOTE: Photographs of all children enrolled at Cleveland Montessori will be included in the school year book.

### Good Shepherd/Mass

\_\_\_\_\_ I would like my child to receive Good Shepherd lessons and attend children's and Holy Day Masses at Holy Rosary.

\_\_\_\_\_ I would like my child to receive Good Shepherd lessons only, but not attend Mass.

\_\_\_\_\_ I do not want my child to receive Good Shepherd lessons or attend Masses.\*\*

\*\*Please remember that Good Shepherd lessons, Christian songs and prayers are offered during the regular work day in the classroom. All students are exposed to some extent to the Catholic/Christian faith by their presence in the classroom. There are several events during the year in which all students present will participate, including: school assemblies, Thanksgiving Lunch, Advent Sharing, Liturgy of the Light, the Seder Meal and the Year-End Field Day. If you do not wish for your child to participate in any of these events, they may be kept home from school on those dates.

Religious Affiliation (optional):

\_\_\_\_\_ Catholic ( \_ Holy Rosary Parish)                      \_\_\_\_\_ Protestant  
\_\_\_\_\_ Jewish                      \_\_\_\_\_ Muslim                      \_\_\_\_\_ Hindu                      \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

Should you need to rescind or change your consent, please do so in writing to the Director.



## Cleveland Montessori Public School and Demographic Information

Parents are responsible for contacting your local public school to determine the school building to which your child would be assigned if he/she was enrolled in the public school system. This information often changes from year to year, so please confirm the information each year.

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade Equivalent for the \_\_\_\_\_ (current) school year \_\_\_\_\_

We reside in the \_\_\_\_\_ public school district.

The name of the PUBLIC school that my child would attend is \_\_\_\_\_.

To assist you, the phone numbers for most major school districts is listed below:

Bay Village School District	440-617-7300	Lakewood School District	216-529-4279
Cleveland Metropolitan	216-574-8000	Mayfield City Schools	440-995-6800
Cleveland Hts./Univ. Hts.	216-371-7430	Mentor School District	440-255-4444
East Cleveland City Schools	216-268-6600	Shaker Heights	216-295-4324
Euclid City School District	216-797-2933	South Euclid/Lyndhurst	216-691-2062

### Demographic/Income Verification

\*Only check income if household income falls within one of the ranges in the row for number of persons in your household.

Number of Persons In Household (Check one)	Extremely Low Income (0-30% of MFI)	Very Low Income (31-50% of MFI)	Low Income (51-80% of MFI)
1	13,600 or less	13,601-22,700	22,701-36,300
2	15,500 or less	15,551-25,900	25,901-41,500
3	17,500 or less	17,501-29,150	29,151-46,650
4	19,450 or less	19,451-32,400	32,401-51,850
5	21,000 or less	21,001-35,000	35,001-56,000
6	22,500 or less	22,551-37,600	37,601-60,150
7	24,100 or less	24,101-40,200	40,201-64,300
8+	25,650 or less	25,651-42,750	42,751-68,450

Race (Check one)					
White					
Asian		Asian & White		Native Hawaiian-Other Pacific Islander	
Black-African American		African American & White			
American Indian-Alaskan Native		Other Multi-Racial			
<b>Ethnicity</b> - Check if of Hispanic or Latino Origin					

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



## PICK-UP & RELEASE AUTHORIZATION

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_,  
(please print name of parent or guardian) (please print child's full name)

understand that Cleveland Montessori will release my child only to his/her biological parents, and those listed below. I also understand that any changes I make to the list of those authorized to pick-up my son/daughter must be in writing, signed and dated by myself or another parent or legal guardian of my child. Additional changes to this list *cannot* be made by telephone. NO EXCEPTIONS.

<i>Name of Authorized Person</i>	<i>Telephone Numbers</i>
1. _____	( ) _____ (home) ( ) _____ (work)
2. _____	( ) _____ (home) ( ) _____ (work)
3. _____	( ) _____ (home) ( ) _____ (work)
4. _____	( ) _____ (home) ( ) _____ (work)
5. _____	( ) _____ (home) ( ) _____ (work)
6. _____	( ) _____ (home) ( ) _____ (work)

\*\*If needed, please use the back for additional names and telephone numbers.\*\*

\*\*Your child will not be released to any person who is not listed above.

\*\* You understand that without legal documentation to state otherwise, Cleveland Montessori assumes the right to release the above named child to either biological parent.

\*\* You understand that any late pick-up fees assessed for my child being picked-up later than his/her program hours are the responsibility of the parent/guardian, regardless of who pick-up the child.

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



## EMERGENCY TRANSPORTATION AUTHORIZATION

\*\*Please fill this document out completely – two page form – as this information is shared with Paramedics and emergency personnel in the event of an emergency!\*\*

**Be sure to update the form in the school office if/when information changes.**

A parent roster will also be generated for each class (which includes names, addresses, emails and telephone numbers of parents, guardians or custodians of children attending the school). Please indicate next to the contact information to be included on the student roster.

**Please print legibly or type.**

Child's Name:	Child's Birthdate:
Child lives with:    Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parents <input type="checkbox"/>	

**Parent 1: Include on parent roster**           **yes**           **no**

Name:	Check: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>
Street Address:	Home Phone:
City, State, Zip:	Cell Phone:
	Email:
Employer's Name:	
Employer's Address:	Work Phone:
City, State, Zip:	Pager:

**Parent 2: Include on parent roster**           **yes**           **no**

Name:	Check: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>
Street Address:	Home Phone:
City, State, Zip:	Cell Phone:
	Email:
Employer's Name:	
Employer's Address:	Work Phone:
City, State, Zip:	Pager:

**Emergency Contacts:** List three different people who can be contacted during school hours if parent cannot be reached.

Name:	Name:	Name:
Street Address:	Street Address:	Street Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Primary Phone:	Primary Phone:	Primary Phone:
Relationship to Child:	Relationship to Child:	Relationship to Child:

Please complete **all** information for your child's **doctor and dentist** for ALL age children.

Physician or Clinic	Dentist or Clinic
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

Please sign below as verification that information contained on this form is correct and for consent as indicated above to be included on the school roster.

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

This is a two page document. Both pages are required to be completed and on file before child's first day of school.

**Emergency Transportation Authorization – Page 2**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

The following immunizations are required by the State of Ohio Law for ALL children in school.

Preschool children need:	Kindergarten children need:	1 <sup>st</sup> grade children need:	2 <sup>nd</sup> – 8 <sup>th</sup> grade children need:
4 doses of DtaP, DTP or DT	4 doses of DtaP, DTP or DT	4 doses of DtaP, DTP or DT	4 doses of DtaP, DTP or DT
3 or 4 doses of HIB	3 doses of Polio Vaccine	3 doses of Polio Vaccine	3 doses of Polio Vaccine
3 doses of Polio Vaccine	2 doses of MMR	2 doses of MMR	2 doses of MMR
1 dose of MMR	3 doses of Hepatitis B	3 doses of Hepatitis B	3 doses of Hepatitis B
3 doses of Hepatitis B	1 dose of Varicella or written statement claiming history of disease	1 dose of Varicella	

\_\_\_\_\_ Child's immunizations are current (detailed record must be attached to medical statement)

\_\_\_\_\_ Child is not immunized and has a waiver is filed and signed by physician.

Please list all allergies and any special precautions or treatment indicated for these allergies:

\_\_\_\_\_

Please list any medications, food supplements, modified diets, or fluoride supplements currently being administered to your child:

\_\_\_\_\_

Please list any diseases or medical conditions that your child has had:

\_\_\_\_\_

Does child have a Medical Action Plan for severe allergies, asthma or other medical conditions? \_\_\_\_\_

Does child have/use an inhaler? \_\_\_\_\_ Does child have/use an epipen? \_\_\_\_\_

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I, \_\_\_\_\_, give Cleveland Montessori my permission  
(Print parent's name)

to transport my child, named above, to \_\_\_\_\_ (hospital) for

emergency medical care or to \_\_\_\_\_ (dentist) for emergency

dental care, or to the nearest available assistance.

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

This form only authorizes the school to secure emergency transportation for a child. This form does NOT authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures.