



STUDENT INFORMATION FORM

CHILD'S INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Date of Enrollment _____

Days and times of attendance:

Mon _____ to _____	Tues _____ to _____	Wed _____ to _____	Thurs. _____ to _____	Fri _____ to _____
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Allergies? ☐ Yes ☐ No Please list _____

Lunches ☐ School Lunch (additional fee) ☐ Home Lunch – Radiant cannot heat/re-heat items from home lunches

Naptime ☐ Daily ☐ As Needed ☐ No Naps ☐ Limited Naps (please wake up after _____ hrs.)

Potty Trained ☐ Yes ☐ No ☐ In Progress ☐ Wears Diapers ☐ Wears Pull-ups ☐ All Day ☐ Nap Only

Previous Care ☐ Childcare Center ☐ In-home Childcare ☐ Care by Relative ☐ Parent ☐ Nanny

FAMILY INFORMATION

Siblings ☐ Yes ☐ No Names and ages _____

Child lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Relative ☐ Other _____

PARENT INFORMATION

Parent's Name _____

☐ Mother ☐ Father ☐ Other _____ ☐ Not Disclosed

Cell Phone _____ Work Phone _____

Email _____

Parent's Name _____

☐ Mother ☐ Father ☐ Other _____ ☐ Not Disclosed

Cell Phone _____ Work Phone _____

Email _____

AUTHORIZED PICK-UPS/EMERGENCY CONTACTS

Must list at least 2 people who are not the child's parents
and are approved for medical decisions per MN rule 3 licensing

Authorized Contact Name _____ Relationship to child _____

Phone Number _____ Alternate Phone Number _____

Address _____

Is this contact authorized to make medical decisions on my behalf for my child? ☐ Yes ☐ No

Authorized Contact Name _____ Relationship to child _____

Phone Number _____ Alternate Phone Number _____

Address _____

Is this contact authorized to make medical decisions on my behalf for my child? ☐ Yes ☐ No

Optional Contact Name _____ Relationship to child _____

Phone Number _____ Alternate Phone Number _____

Address _____

Is this contact authorized to make medical decisions on my behalf for my child? ☐ Yes ☐ No

MEDICAL/ EMERGENCY AUTHORIZATION

Preferred Hospital _____

I give permission to Radiant Montessori School to take emergency measures necessary for the care and protection of my child while under the supervision of the school. In case of emergency, I understand that my child will be transported to the nearest hospital by ambulance for treatment if the emergency responders deem it necessary. I understand that in some medical situations, the staff will need to contact emergency responders before contacting the parent, child's physician or other person authorized to act on parent's behalf. Whenever possible, I would like my child to be transported to the hospital listed above. I understand I will be responsible for the expenses.

The above listed contacts and preferred hospital were provided by _____
Parent/legal guardian's full name

Parent Signature

Date

DIETARY AND MEDICAL NEEDS

Does your child require an Individual Care Plan for medical conditions or special accommodations? ☐ Yes ☐ No

Parent must complete Individualized Child Care Program Plan form and submit any additional documentation from the child's care team (doctor, specialist, therapist, etc) prior to the child's enrollment date and must update annually thereafter.

Medical Conditions ☐ Yes ☐ No

If Yes, please explain

Special Dietary Needs ☐ Yes ☐ No

If yes, please explain

OTHER INFORMATION

Please use this space to mention any other information you think is important for us to know about your child.

I, _____ agree that to the best of my knowledge all the information on this form is correct and complete as of the date listed below. I undertake to promptly update any changes as they occur.

Parent Signature

Date



Radiant Montessori Over-the-Counter Creams and Lotions Permission Form

Child's Name: _____ **Date of Birth:** _____

I give Radiant Montessori permission to apply the items marked below to my child, as directed by the manufacturer on the container.

Diapering Products and Cream Yes No

Insect Repellent Yes No

Hand/Skin Lotions or Cream Yes No

Lip balm or Chapstick Yes No

Vaseline or Petroleum Jelly Yes No

Other – Please list below

Sunscreen – Please indicate below :

Provided by Radiant Montessori Yes No

Provided by Parent Yes No

I understand that I am responsible for bringing all the items I approved on this list (apart from Radiant provided sunscreen.) All items listed above must be clearly labeled with the child's first and last name and in their original container, non-expired, and manufacturer's instructions printed on the container. If you would like a product used differently from what the manufacturer's instructions state, you must obtain a doctor's note and a Medication Authorization Form must be completed.

This form will serve as my permission for Radiant Montessori to use the products I provide for the duration of my child's enrollment in the program. I understand that it is my (the parent) responsibility to notify the staff at Radiant Montessori if any changes need to be made to this list.

Parent Signature: _____

Date: _____



PHOTO, AUDIO, AND VIDEO RELEASE FORM

I grant to Radiant Montessori School and its employees the right to take photographs, audio and/or video recordings of _____

Child's First and Last Name

using the school provided devices for the following purposes:

- ☐ Radiant Website
- ☐ Radiant Program Marketing
- ☐ Parent communication apps
- ☐ Radiant Montessori's Social Media Platforms
- ☐ No – I withhold my consent for all purposes

I understand that if my child participates in a program/activity that is open to the other children and parents of Radiant Montessori, my child may be photographed or his or her video may be recorded as a part of the program/activity. Such photographs, audio or video recordings will only be shared with the other parents of Radiant Montessori. My child's face will be obstructed/blurred in any photos or videos used for purposes that I have not consented to above.

My permission does not expire, however, I understand that I can revoke or change this permission by a written notice to Radiant Montessori School at any time without cause.

Signature of Parent or Guardian

Date