



Childs Name: _____

Greenhouse Montessori
Toddler Center | Preschool | Charter
505 S. Gilbert Rd. Gilbert, AZ 85296

Charter Enrollment Checklist

- Student Information sheet
- Copy of birth certificate
- Copy of immunizations
- Completed Emergency Card
- Signed Handbook Agreement (**given after enrollment**)
- Student Interest Sheets (**given after enrollment**)

- Attend one Informational Night/Open House/Tour for child's level
Date: _____
- Interview with administrative team *AFTER enrollment
Date: _____

- My child is testing in to Kinder Date of Birth: _____

- Date of Test: _____ Score: _____

Please be sure that all applicable forms are filled out completely prior to returning them to Greenhouse Montessori

Student Information

Student Name: _____

Last Name:	First Name:	Street Address:
Date of Birth:	Age as of 8/31/12:	City, State, Zip

Please check one box:

Male Female

New Student Continuing Student

Previous School

Attended: _____ Address: _____

Was your child enrolled in special education programs/classes at the previous school?

Speech Gifted Learning Disability(LD) English as 2nd Language (ESL)
 Special Reading class Other _____ N/A

Are you of Hispanic/Latino of any race? Yes No

Language first learned by student: English Spanish Other: _____

Are you of one or more races (please check applicable):

American Indian or Alaska Native Asian Black or African American White

Native Hawaiian or Other Pacific Islander

Parent Information

Married Living together Separated Divorced Single Widowed

Father's Last Name:	Father's First Name:	Mother's Last Name:	Mother's First Name:
Best Phone Number:	Cell/other number:	Best Phone Number:	Cell/other number:
Employer:	Work Number:	Employer:	Work Number:
Home Address:	Does child reside with you?	Home address:	Does child reside with you?
Email address:		Email address:	



CDC/SGH# or name: _____

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex (male/female)

Form with fields: Mother or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

Form with fields: Father or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for listing individuals.

If Medical care is necessary, call:

Form with fields: Health Care Provider*, Name, Contact Telephone Number

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? [] No [] Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Form with field: Name(s):

Custody papers have been provided and are on file at the facility. [] yes [] no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE: