

**Lake Hills Montessori – Enrollment Form**

Return to Director: Jodie Whitman or Dionne Kizziar  
5130 E 101<sup>st</sup> St. Tulsa OK 74137  
(918) 296-9936

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Parent/Guardian Name/ Day Phone:**

*Mother/Guardian 1:* Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Father/Guardian 2:* Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact:** (if parents cannot be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Adult Caregivers:** I hereby authorize the LHM staff to allow my child to leave the facility with either his/her parents or one of the following persons:

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History:** List any special problems that your child may have such as allergies, existing illness, previous serious injuries during the past 12 months, any medications prescribed for long term conditions used, and any other information which staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
**Authorization for Emergency Medical Attention:** In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to a medical facility or hospital of their choice.

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***I give consent for this facility to secure any and all necessary emergency medical care for my child:*** \_\_\_\_\_

*Signature of Parent / Date*

**Transportation:** I hereby give do not give my consent for my child to be transported by the staff or someone appointed by the staff on field trips.

**Water Activities:** I hereby give do not give my consent for my child to participate in water activities: (Please check all that apply) wading pools\_ swimming pools\_ other bodies of water\_\_

**School Age Children:** My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis test are current.

School Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_