



The Montessori School of Pullman

115 NW State St, Suite 112
Pullman, WA 99163



pullmanmontessori.org
509.334.4114

Returning Families

Form Packet

2021 - 2022

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2021-2022 Signature Sheet- Returning Families

This collection of forms are required by the Montessori School of Pullman and Washington State Department of Children, Youth and Family Services to be signed by a parent or guardian and placed in each child's file at the time your child enters our school. It is understood that in two- or more-parent/guardian families, one guardian may sign on behalf of all guardians.

*As a returning family, you may review all documents on the website and sign below to verify compliance with each policy for the 2021-2022 school year. **All new and returning children are required to complete a new Student Information Sheet, Emergency Authorization Form and Permission Form and to review, update and sign your child's Washington Immunization Sheet (available in the office). Several policies have also been updated; please read carefully and sign.***

By signing below, I verify that I have read the Handbook (available on our website: www.pullmanmontessori.org) and agree to the following policies:

Required to be in your child's file by the first day of school:

1. Washington Immunization Sheet (*you can update and sign in the office*)
2. Student Information Sheet
3. Permission Form
4. Emergency Authorization

Updated policies:

5. Fee Policy
6. Meeting Individual Needs
7. Bathroom Policy
8. Behavior Management and Anti-Bullying Policy
9. Sick Children
10. Covid-19 Waiver
11. Medications at School (if needed)

Additional Forms and Policies:

- | | | |
|--|------------------|-------------|
| 12. Parent-Teacher Communication | Signature: _____ | Date: _____ |
| 13. Health History and Examination | Signature: _____ | Date: _____ |
| 14. Crisis/Disaster Response Plan | Signature: _____ | Date: _____ |
| 15. Workplace Bullying involving a Parent and Teacher Policy | Signature: _____ | Date: _____ |
| 16. Whistleblower Policy | Signature: _____ | Date: _____ |
| 17. Diaper Cream Application | Signature: _____ | Date: _____ |

Name of Child: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YY): _____ Sex: _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

Parent/Guardian Signature Required _____ Date _____

Required Vaccines for School or Child Care Entry		Date	Date	Date	Date	Date	Date
		MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)							
◆ Tdap (Tetanus, Diphtheria, Pertussis)							
◆ Td (Tetanus, Diphtheria)							
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15							
● Hib (<i>Haemophilus influenzae</i> type b)							
◆ IPV / OPV (Polio)							
◆ MMR (Measles, Mumps, Rubella)							
● PCV / PPSV (Pneumococcal)							
◆ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV / MPSV (Meningococcal)							
MenB (Meningococcal)							
Rotavirus							

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other:
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
Hepatitis B	Rubella	_____
Hib	Tetanus	_____
Measles	Varicella	

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____

Student Information Sheet

First Name: _____ Last Name: _____ Birthdate: _____

Gender: _____ Name to be used at school: _____

With whom does your child live? _____

Siblings names and ages: _____

Languages Spoken: _____

We pride ourselves on celebrating cultural diversity and love to know the culture of our families. Please share your information below.

Cultural Heritage (optional): _____

Cultures/Holidays you might be interested in sharing with our school: _____

Help us know your child better:

Has your child attended childcare or preschool? Tell us about it:

What would you like us to know about your child?

Are there any medical concerns that we should know about? (allergies, etc.)

Are there any behavior concerns that we should know about?

Are there any learning concerns that we should know about?

What goals do you have for your child this school year? (academic, emotional, etc.)

For all day students, does your child need a nap? **Yes** **No**

Please give details – normal duration, time, routine, etc. _____

Describe your child in a few words: _____

Permission Form

Child's Name: _____

Publicity Photos

I give permission for photos of my child to be used for the school website, social media pages and for educational and for publicity purposes as seen proper by the teaching and administrative staff of the Montessori School of Pullman. No names will be used. **Yes No**

Children's Art

I give permission for my child's art to be presented on the school's website and social media as seen proper by the school. The art will be presented with first name only. **Yes No**

Field Trips

I give permission for my child to go on Montessori School field trips. I expect to be informed via the newsletter, classroom bulletin board, or take-home notes prior to the trip as to the destination, planned activities and approximate duration of the field trip. I expect the staff to take precautions for my child's safety. I give permission for my child to walk to the parks, library, and nearby locations. The School will not transport children in automobiles. In the event of an accident I release the Board of the Montessori School of Pullman, Inc. from any and all liability. **Yes No**

Gym Use

I give permission for my child to use the Gladish gym for recess purposes. **Yes No**

Sunscreen, Lip Balm, Lotion and Hand Sanitizer

I give permission for staff to apply sunscreen, vaseline lip balm, hand lotion and/or hand sanitizer to my child. We recommend that parents provide hats and apply sunscreen each day to their children before arriving at School. We will make every effort to have sunscreen available to parents at the door. During cold weather months when lips and hands tend to become chapped, we will provide unscented hand lotion and vaseline lip balm as needed. **Yes No**

People Authorized to Pick Up Your Child (must be over 18 years old)

Please provide names and phone numbers of people permitted to pick up your child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Guardian Signature: _____ **Date:** _____

Emergency Authorization

Child's Name: _____ Date of Birth: _____

Address: _____

Guardian Name: _____

Guardian Name: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-mail Address: _____

E-mail Address: _____

Alternative people to contact if guardians cannot be reached:

Name: _____ Phone: _____ Name:

_____ Phone: _____

Medical Records and Preferences:

Physician's Office: _____ Dentist's Office: _____

Physician: _____ Dentist Name: _____

Phone: _____ Phone: _____

Please list medical information about your child that would be important to know in an emergency (e.g., chronic illness, asthma, allergies to medication, hypersensitivity to insect stings, etc.)

(read and sign other side)

Emergency Authorization

In case of an accident or severe illness at school, you will be called immediately after first aid is administered. If neither guardian can be reached, and a physician's care is required, your child's doctor or his/her designated alternate will be called and a message will be left for you at one of the above telephone numbers. For this reason, we require you to sign this emergency authorization form before your child enters school.

In case of sudden onset of non-emergency illness, or other situation that requires your child to be taken home from school, you will be called. If neither guardian can be reached, your alternative person(s) will be called to pick up your child.

I authorize the staff of the Montessori School of Pullman, Inc. to arrange for medical care and emergency surgery for the above child in the event of an accident or sudden illness, when I cannot be reached. This permission includes authorization to call an ambulance, if necessary. Every attempt will be made to send a familiar adult in the ambulance with the child if a parent or the alternative person listed above is unavailable.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____