

Apex Peak Schools Emergency contacts and release form. & Operational Policies Agreement

Please return this form to school

Name of Student: _____

1. Please list the full name, including parents, of the persons authorized to pick-up your child from school. We may ask them to properly identify themselves with an official government issued document.

2. Please list: Who may we contact, beside parents, in case of emergency?

Name	Phone	Cel	Email
------	-------	-----	-------

3. Please sign and date below if you DECLINE the administration of POTASIU M IODIDE, in case of emergency.

Name & Signature _____ Date: _____

Please answer **YES or NO** and initial the following:

4. I authorize the school to call and provide emergency transportation and medical care if necessary, for my child at my own expense and/or insurance coverage.

_____ initials _____

5. I have received and acknowledge the school's policies regarding emergency procedures, make up and vacation days, sick child, toys and personal belongings, drop off and pick up, and payment schedule.

_____ initials _____

6. I understand and acknowledge the school's absolute **NO PEANUTS** and **NO SMOKING - NO TOBACCO** allowed on school or school premises policy

_____ initials _____

7. I understand and acknowledge that I may have to submit to a background check, tuberculosis test, and other regulatory requirements if I want to volunteer or visit the classroom while any children, beside mine, are present.

_____ initials _____

8. I understand the financial terms and **end of enrollment 30 day notice required** by Apex Peak Schools, as well as the conditions for tuition payment and reimbursement.

_____ initials _____



9. I understand that as part of the Montessori Curriculum, the classrooms are multi-age and that my child may share spaces with children under or over his/her age, within the regulation limits of group size and supervision.

_____ initials _____

10. I understand that any medication, ointment, lotion, whether requiring doctor's prescription or "over-the-counter" may only be present at school and will only be applied or administered to my child after filling the required paperwork and following strict directions of doctor, product or manufacturer, whatever case applies.

_____ initials _____

Please let us know of any existing medical condition or allergy that may require special care of your child
Not Applicable _____

Medical condition	Prescribed treatment	Prescribing physician name and telephone
-------------------	----------------------	--

11 Please let us know if you have any preference –dietary, faith or belief wise- that we should consider and observe.

12. For memory keeping and promotional purposes we may take pictures of your child during school activities, please let us know if you authorize us to publish and broadcast them –non name identifying—in:

The schools' website _____

Marketing material _____

Events' publicity _____

Name of parent/ legal guardian filling this form:

Signature _____

Date _____

