

Parent / Guardian Contact Information

Child's Name: _____

Mother's Name: _____

E-mail address use as primary _____

Phone: _____
Cell: _____ Work: _____ Home: _____

Name of Employer: _____

Address: _____

Father's Name: _____

E-mail address use as primary _____

Phone: _____
Cell: _____ Work: _____ Home: _____

Name of Employer: _____

Address: _____

Yes, you may share my [phone #] [e-mail address] or [both] with other CHM families

CONSENT FOR EMERGENCY MEDICAL TREATMENT -

Childcare Facilities

As the parent or authorized representative, I hereby give consent to **Country Hill Montessori, Inc.** to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.) Osteopath (D.O.) or dentist (D.D.S.) for _____.

(child's name)

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the child named above.

Child has the following medication allergies: _____

Date

Parent or Authorized Representative Signature

Home Address

()

Home Phone

()

Work Phone

Country Hill Montessori

Federal Tax ID: 68-0347217

... because your child deserves the best!

6131 Kenneth Ave, Fair Oaks * 7048 Sunrise Blvd, Citrus Heights

916-969-2929 / 916-728-2929

Acknowledgment of Receipt of Licensing Reports

I, as the parent/guardian of _____, currently attending or newly enrolled at Country Hill Montessori acknowledge I have received the following information as required by Health and Safety Code Section 1596.8595 and 1596.8896.

- Copy of any licensing report that documents Type A deficiencies cited at this facility. Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.
- Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the license of this child care center/family child care home in which issues of noncompliance are discussed.
- Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.
- As a parent/legal guardian of a newly enrolled child in this care center, I have been provided the documents identified above received by the licensee during the 12-month period prior of my child's enrollment. My signature below verifies I have received the documents identified above:

Parent / Guardian Signature

Date



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Minor Photo/Video/Quote Release for Country Hill Montessori

I, as the parent/guardian of _____, agree to allow Country Hill Montessori and its authorized representatives to include photos, quotes and/or video clips of the above named child(ren) on its website, Facebook, and print collateral, as deemed lawful and appropriate.

Print Name _____

Signature _____

Date _____