

Maximilian Montessori Academy  
**EMERGENCY INFORMATION AND VARIOUS RELEASES**

**Home Address:**

Street \_\_\_\_\_  
City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

**Home phones** (you may include children's phones if you want them to appear in the *Student Directory*):

\_\_\_\_\_  
\_\_\_\_\_

**Persons doing the parenting** (do not include natural parents who are absent from the child's home):

*FATHER*  
Full Name \_\_\_\_\_  
Informal (you'd like to be called) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employment \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

*MOTHER*  
Full Name \_\_\_\_\_  
Informal (you'd like to be called) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employment \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

*Your name, address, home phones and children's names will be publication in our Student Directory, which is made available to enrolled and prospective families. All area codes are 270 unless otherwise noted. Try not to repeat telephone numbers.*

**Confidential phone numbers** (not for Student Directory): **Email:**

\_\_\_\_\_

**Recommended persons for calling if your child is ill or injured and you cannot be reached:**

*For Example*  
*John Doe, friend, 685-6111*  
*Fred & Ethyl Mertz, grandparents, 812-123-4567*

*Note Our usual call order is Home, Mother's work, Father's work, then the following list starting at the top:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Full name and date of birth of enrolling children:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health professionals who may be called in an emergency (include phone numbers):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health problems, custody issues, and other concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Natural parent not living in the child's home:**

\_\_\_\_\_

Medical release: I hereby give my consent to Maximilian Montessori Academy staff to administer first aid, authorize necessary emergency treatment at a nearby hospital, and/or authorize a medical doctor to examine or treat my child(ren) while such child(ren) are attending Maximilian Montessori Academy and while on school related off-campus activities. I agree to accept the financial responsibilities for any costs incurred in the examination or treatment of these children.

Pick-up authorization: I understand that for the convenience of families, enrolled children may be picked up from school by persons representing themselves as having a valid reason; I consent to this policy, though I understand that the school reserves the right to deny pick-up to any person whose behavior or identity seems suspicious.

Publicity agreement: I give the school permission to publish at its discretion any recordings or productions of my child and family for advertising purposes.

Financial agreement: I understand that monthly-paid tuition is due when presented and late if received by the school after the 10th of the month, August through May; that all amounts paid are non-refundable; that late, returned, and post-dated payments are subject to reasonable fees (\$10 minimum); that a minimum of 30 days prior notice is necessary for me to withdraw from enrollment; and that I am responsible for all charges accrued during the period of enrollment and for late fees and collection costs thereafter.

Liability release: I give my permission for my child(ren) to take part in all school activities including sports and school sponsored trips away from school premises; and I release the school and its agents, employees, and volunteers from any liability to me or to my child(ren) because of any injury to my child(ren) at school or during any off campus activity.

Accreditation: I understand that Maximilian Montessori Academy offers no stated or implied guarantee of progress,

that I am relying on my judgment of its reputation, that my sole recourse if not satisfied with the school is to withdraw, that the high school program is not accredited by state or regional agencies unless I make written arrangements with Maximilian Montessori Academy for this purpose (for additional fees).

Signature \_\_\_\_\_ Date \_\_\_\_\_