



ELIZABETH ANN CLUNE
MONTESORI
 SCHOOL *of* ITHACA
 TEACH PEACE

STUDENT INFORMATION FORM

NAME _____

Preferred Name _____ (last) (first) (middle)
 Birthdate _____ Gender _____

Household 1

Household 2 (if applicable)

Address _____

Address _____

Home/Land line Phone _____

Home/Land line Phone _____

Guardian Name _____

Guardian Name _____

Relationship to Student _____

Relationship to Student _____

Work Phone _____ Cell _____

Work Phone _____ Cell _____

Email Address _____

Email Address _____

Guardian Name _____

Guardian Name _____

Relationship to Student _____

Relationship to Student _____

Work Phone _____ Cell _____

Work Phone _____ Cell _____

Email Address _____

Email Address _____

_____ OK to include in the EAC Community Roster

_____ OK to include in the EAC Community Roster

EMERGENCY CONTACTS

In the event of an emergency, the school will do everything possible to contact a parent/guardian. If the school is unable to reach me/us, the school should contact the individuals below. These individuals have my/our permission to release and transport my/our child from school in the event of an emergency or early school closure.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL RELEASE: I/we understand that in the case of illness or injury, guardians(s) will be notified immediately. If emergency treatment is necessary, my/our child will be transported to Cayuga Medical Center's Emergency Room. I give permission for the attending physician to give emergency treatment, including but not limited to anesthesia, injections, and x-rays if necessary.

Physician's Name _____ Physician's Phone _____

 FIELD-TRIP RELEASE: I/we give my/our permission for my/our child to accompany his/her class on field trips.
 I/we give permission for any EAC parent or his/her designated driver to transport my/our child for class field trips.

TRANSPORTATION RELEASE

On occasion a student may need to be transported from school by someone other than a parent or guardian. Please contact the office to add or remove individuals. I/we give permission for the following persons to transport my/our child from school:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

DAILY DISMISSAL PLAN

EAC Montessori strives to provide a smooth transition from home to school at the end of the day. Buses from area school districts arrive at school at 3:00 and leave at 3:10 p.m. Parents picking up children should plan to do so between 3:15 and 3:30 p.m. Alternatively, the school offers an engaging, supportive and fun After School program from 3:30 until 5:30 p.m. Monday through Friday for enrolled students. Children who are not picked up by 3:45 p.m. will be sent to our After School program and a \$20 fee will be charged. More information and online registration for our After School program is [here](#). Please contact the office if you have questions or wish to make changes to your child's dismissal plan. **Any dismissal changes after 12:00 noon on the day must be made by phone at 277-7335.**

Day of the Week	Student Dismissal Plan (Bus, Pick Up, After School program)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

PHOTOGRAPH & VIDEO RELEASE

I/we give permission for The Elizabeth Ann Clune Montessori School of Ithaca to use photographs and/or video taken of my/our child for use on:

 EAC Montessori School website EAC Montessori e-newsletter and FaceBook page
 EAC Montessori printed publications EAC Montessori School yearbook

PARENT SIGNATURE _____ **DATE** _____

PARENT SIGNATURE _____ **DATE** _____