

## **Student Information Summer 2024**

**First Name:**

**Middle Name:**

**Last Name:**

**Suffix:**

**Preferred Name:**

**Birth Date:**

**Age:**

**Gender:**

**Home Address:**

**Home Phone Number:**

**Work Phone Number:**

**Work Extension:**

**Cell Phone Number:**

**Preferred Phone Number:**

**Personal Email Address:**

**(1a) Routine Pick-Up/Caregiver #1: Name:**

**(1b) Routine Pick-Up/Caregiver #1: Relationship to Family:**

**(1c) Routine Pick-Up/Caregiver #1: Phone Number:**

**(2a) Routine Pick-Up/Caregiver #2: Name:**

**(2b) Routine Pick-Up/Caregiver #2: Relationship to Family:**

**(2c) Routine Pick-Up/Caregiver #2: Phone Number:**

**(3a) Routine Pick-Up/Caregiver #3: Name:**

**(3b) Routine Pick-Up/Caregiver #3: Relationship to Family:**

**(3c) Routine Pick-Up/Caregiver #3: Phone Number:**

**Please list two emergency contacts other than yourselves**

**Name**

**Relationship**

**Phone Number**

**Name**

**Relationship**

**Phone Number**

### **Health Questions**

- 1. Does your child have any food allergies:**
  
  
  
  
  
  
  
  
  
  
- 2. Is your child prescribed an EpiPen and if so, please describe any actions plans necessary:**
  
  
  
  
  
  
  
  
  
  
- 3. Does your child have any other type of allergies:**



individual field trip. Also at that time, parents will have the option to withdraw permission for any individual field trip by providing written opt-out notice via email to the student's classroom at least twelve (12) hours prior to the date of the scheduled field trip. If a parent or guardian withdraws permission for a specific trip, the annual field trip consent remains valid for all other field trips. If you choose not to grant annual field trip consent by returning this signed waiver, you will be asked to give permission for your child to participate in each field trip throughout the school year.

I hereby give permission for my child to participate in Hamilton Park Montessori School field trips during the 2024 Summer Session. I understand field trips may require transportation to a location away from the school campus. This transportation includes walking, contracted bus/van services, rental vehicles (Middle School Only) and public transportation (1st to 8th grade only). As a parent or guardian, I understand that the employees, volunteers and representatives will try to ensure student safety to the fullest extent possible. However, I fully understand that some activities on field trips involve inherent risks to students regardless of any feasible safety measures that may be taken by the school, its employees, officers, agents, board members, volunteers and/or representatives, including but not limited to personal injury of all kinds, loss or damage to property, and even death. I acknowledge and agree that Hamilton Park Montessori School, its employees, agents and representatives do not make any representations or warranties regarding the field trips. In consideration of the school's agreement to allow my child to participate in the referenced field trip, I hereby waive and release any and all claims, demands, costs, expenses, and/or causes of action arising from or relating to the field trip, of any kind, and agree to indemnify, defend and hold Hamilton Park Montessori, its employees, agents, and representatives harmless from the same. In the event it becomes necessary for school employees, volunteers and/or representatives present to obtain or provide emergency care for my child, I understand and agree that neither he/she nor the school assumes liability or responsibility for expenses incurred because of such emergency care or treatment of any kind. I authorize Hamilton Park Montessori School employees, volunteers, and representatives in charge of the students to render first aid, obtain emergency medical care, and I also authorize any emergency treatment for my child, if required in the sole discretion of Hamilton Park Montessori School employees, volunteers and/or representatives, and I release Hamilton Park Montessori School from any claim whatsoever on account of first aid and other medical treatment rendered to my child. I acknowledge and agree that this waiver shall also bind my heirs, executors, administrators, family members and next of kin.

**Answer:**

- **Parent Handbook Acknowledgment Form**

The HPMS Parent Handbook can be accessed online. Please copy and paste the following link into your browser.

<https://hamiltonparkmontessorischool.app.box.com/s/x3vazn006ax8bljfkpmbb1n40swalos>

Once you have read the handbook, enter your electronic signature below and submit.

By typing my (our) name(s) on this electronic record, I am supplying my (our) electronic signature to indicate I (we) have received, read and understood the HPMS Parent

Handbook, and confirm that I/we are the student's legal parents/guardians, with authority to sign this form.

**Answer:**