

**PONDEROSA MONTESSORI SCHOOL  
TRANSPORTATION AND PICK-UP  
AUTHORIZATION FORM**

**CHILDREN WILL BE RELEASED ONLY  
TO THE PEOPLE THAT ARE LISTED ON THIS FORM**

This form will be kept on file in the office as a reference for any staff member involved in dismissing your child. *Please inform the school promptly of any changes in writing.* When someone not recognized by the staff comes to pick up a child, they will need to show staff a picture I.D. Please inform the school if there are parental custody agreements regarding pick-up and provide a copy of all paperwork for your child's file. This is required by the State of New Mexico.

\_\_\_\_\_ may be picked up and transported by the following person(s):  
*Child's Name*

<i>Name</i>	<i>Parent/Guardian Relationship</i>	<i>Cell Phone</i>	<i>Email</i>

<i>Name</i>	<i>Relationship</i>	<i>Cell Phone</i>	<i>Email</i>

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**Ponderosa Montessori, Inc.  
304 Rover Blvd.  
Los Alamos, NM 87547**

**PONDEROSA MONTESSORI SCHOOL  
RECEIPT OF PARENT HANDBOOK**

**PARENT AGREEMENT PONDEROSA  
MONTESSORI SCHOOL POLICIES  
AND PROCEDURES**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
*Parent/Guardian Name* *Child's Name*

have received, read, and understand the Ponderosa Montessori School Parent Handbook. I understand and agree to the policies and procedures of the school. I have received a tuition schedule and agree to my monthly tuition obligation and the financial policies of the school. I have on file with the school the latest immunization record for my child.

I understand that if I am unable or unwilling to pay my tuition or comply with the policies and procedures of the school, my child will be withdrawn from Ponderosa Montessori School and I will pay all fees due.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

## Emergency Transport/Treatment

I \_\_\_\_\_ give permission to Ponderosa Montessori School  
Parent/Guardian Name  
and staff, in case of emergency to:

Transport	Yes _____	No _____
Treatment	Yes _____	No _____

My child \_\_\_\_\_ to a hospital or urgent care for immediate  
Child's Name  
care.

Name of Parent/Guardian (PRINT) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

**PONDEROSA MONTESSORI SCHOOL  
SUNSCREEN RE-APPLICATION CONSENT FORM**

Child's name (*please print*): \_\_\_\_\_

Does your child have an allergy to sunscreen? \_\_\_\_\_

Does your child have an allergy to diaper cream? \_\_\_\_\_

In case of emergency and your child runs out of sunscreen or diaper cream (if applicable), can we use school-provided sunscreen/diaper cream or another child's sunscreen/diaper cream? \_\_\_\_\_

- ❖ I agree to send my child to school with sunscreen/diaper cream already applied.
- ❖ I agree to supply a **labeled SUNBLOCK STICK** (looks like a glue stick) at school for my child's face re-application.
- ❖ I agree to supply a **labeled** bottle of sunscreen at school for my child's sunscreen re-application.
- ❖ Sunscreen shall only be long-lasting, high SPF, **CONTINUOUS SPRAY ONLY**, non-colored, sparkle free, and non-greasy.
- ❖ If applicable, I agree to supply a **labeled** diaper cream for my child.

Ponderosa Montessori School staff have my permission to re-apply sunscreen/diaper cream according to the information on this form.

\_\_\_\_\_  
*Name of Parent/Guardian (Print)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**PONDEROSA MONTESSORI SCHOOL  
WALKING/BUS FIELD TRIP AUTHORIZATION**

Child's name (*please print*): \_\_\_\_\_

My child has my permission to take teacher-supervised group walking/bus trips off the campus of Ponderosa Montessori School. I understand these trips will be scheduled based on the developmental capabilities of the children. Walking/bus trips will only be done during school hours, not before or after school. When possible, scheduled trips will be posted in advance.

As part of the curriculum at Ponderosa Montessori School, children will occasionally walk or take the bus to neighborhood parks, take nature hikes, or take a scheduled field trip to places such as the library, nature center, and pool. These activities will always be done as a class, with all regular classroom teachers present. We believe these trips enrich the school experience for the children and present little or no risk to the children. Before a child can participate in these activities, we need parental authorization for your child to leave the Ponderosa premises.

\_\_\_\_\_  
*Name of Parent/Guardian (Print)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**PONDEROSA MONTESSORI SCHOOL  
SWIM & 'WATER WIGGLE' CONSENT FORM**

Child's name (*please print*): \_\_\_\_\_

Can your child swim? \_\_\_\_\_

Can your child swim with a life jacket? \_\_\_\_\_

**Please Initial ALL that apply:**

**Elementary and Early Childhood:**

\_\_\_\_\_ I give permission for my child to participate in 'Water Wiggle' which may involve, but is not limited to: spraying the children with water, running through the sprinkler, playing in wet sand and playing in a small wading pool here on school grounds.

**Elementary Only:**

\_\_\_\_\_ I give permission for my child to go swimming at the Aquatic Center, Canyon Vista Pool, and Pinon Pool.

I understand that my child is going to participate in the above mentioned activities. I understand that I need to provide my child with a swimsuit, towel, sunscreen, and other items requested by the staff. The school will contact parents at home or at work should a child become ill or injured. Should a medical emergency exist, the school will call the local 911 number in addition to contacting the parents. By signing below, I agree to allow all employees of Ponderosa Montessori School to call 911 and agree that all employees of Ponderosa Montessori Inc. shall be absolved of any charges or liability in so doing.

\_\_\_\_\_  
*Name of Parent/Guardian (Print)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

# PONDEROSA MONTESSORI SCHOOL PARENT/GUARDIAN PHOTO RELEASE

During your child's life at Ponderosa Montessori School, we may take photographs of activities that involve your child. Periodically, we may use these photographs for school displays, presentations, and/or publications.

Please fill out and sign the appropriate statement to either give or decline permission to use pictures of your child on the school website, other school publicity, and/or press releases.

**There are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.**

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the school and such rescission will take effect upon receipt by the school.

\_\_\_\_\_  
*Name of Minor child (Print)*

\_\_\_\_\_  
*Age*

\_\_\_\_\_  
*Class*

**Check one of the following choices:**

- I GRANT permission** for my child's photo/image and name to be published on the school website, other school publicity, and/or press releases.
- I GRANT permission** for my child's photo/image **without their name** to be published on the school website, other school publicity, and/or press releases.
- I DO NOT GRANT permission** for my child's photo/image to be published on the school website, other school publicity, and/or press releases.

\_\_\_\_\_  
*Name of Parent/Guardian (Print)*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**PONDEROSA MONTESSORI SCHOOL**  
**Childhood Interview**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Parent's/Guardian's \_\_\_\_\_ Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's/Parent \_\_\_\_\_ Work \_\_\_\_\_ Phone \_\_\_\_\_

Mother's/Parent \_\_\_\_\_ Cell \_\_\_\_\_ Phone \_\_\_\_\_

Father's/Parent Work Phone \_\_\_\_\_

Father's/Parent Cell Phone \_\_\_\_\_

**EATING**

Do you know of food allergies or sensitivities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What else can you tell us about your child's eating habits which might be helpful to us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SLEEPING**

Does your child take an afternoon nap? \_\_\_\_\_ How long? \_\_\_\_\_

Indications of sleepiness? \_\_\_\_\_

\_\_\_\_\_

What else can you tell us about your child's sleeping habits which might be helpful to us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PONDEROSA MONTESSORI SCHOOL**  
**Childhood Interview**

**ELIMINATION**

Does your child wear pull-ups? \_\_\_\_\_ Is your child potty trained?

Can your child wipe themselves? \_\_\_\_\_ Does your child have accidents often or rarely?

Does your child resist changes by someone other than a parent?

What else can you tell us about your child's toilet habits which might be helpful to us? \_\_\_\_\_

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**GENERAL**

What allergies does your child have other than those mentioned above? \_\_\_\_\_

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What types of experiences or interactions with adults seem to be frightening to your child? \_\_\_\_\_

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Does your child like to be cuddled or held? \_\_\_\_\_

When your child is unhappy or upset what are some of the best ways to comfort or distract him/her? \_\_\_\_\_

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Has your child previously been in any type of child care program?

How many hours per week? \_\_\_\_\_ With how many other children?

What was the setting?

Does anyone else care for your child on a regular basis?

Is this care in the child's home? \_\_\_\_\_ In the caregiver's home?

From these experiences, what have you learned about your child that would be important for us to know in working with him/her? \_\_\_\_\_

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**PONDEROSA MONTESSORI SCHOOL**  
**Childhood Interview**

Please list first names and ages of your child's siblings and other children living in your home. \_\_\_\_

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Were there any birth complications? \_\_\_\_\_

**MONTESSORI**

What is your understanding of Montessori philosophy for your child's age? \_\_\_\_\_

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Describe any experience with children, either your own or friends, attending a Montessori school? \_\_\_\_\_

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How do you encourage your child's independence at home? \_\_\_\_\_

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Are you interested in learning more about the Montessori approach?

Are you considering a Montessori elementary program when they reach Kindergarten?

How far might you continue into an elementary program? \_\_\_\_\_

Please use the space below to add any comments or information that you feel will help us to understand your child's personality; suggestions about the best and the worst ways to talk with and play with your child; your hopes for his/her experience at Ponderosa Montessori School.

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