



Student Information/Release Form  
2007-2008

125 Olde Greenwich Dr., Suite 100  
Fredericksburg, VA 22408  
Phone: 540/891-9080 • Fax: 540/891-9877

Child's Full Name: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

If parents are divorced or separated with whom does the child live? \_\_\_\_\_

*Note: In cases where one parent has limited or no custody, appropriate court documents must be provided. If someone other than the parents has custody court documents must be provided.*

Schools previously attended (include type of school and length of attendance): \_\_\_\_\_

Siblings' Names and Ages: \_\_\_\_\_

*Note: We must have the following information for all students, as it is part of our state-required emergency plan and may be used in case of a large-scale emergency, if the school is unable to contact parents. If your child's grandparents are deceased, please provide contact information for another relative and identify the relationship.*

Maternal Grandparents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Paternal Grandparents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Identify any health or developmental concerns: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Regular Medications (include doses): \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### Emergency Contact Information and Release

*The following people may pick up the child and should be called if the parents/guardians are not available. Parents are required to provide three emergency contacts and all requested information for each person. Emergency contacts must be people other than the parents/guardians.*

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Other people permitted to pick up child: \_\_\_\_\_

People not permitted to pick up child (court order must be on file if a parent is not allowed to pick up child)

### Release Statement

If the staff of The Learning Center Educational Services, Inc., dba Odyssey Montessori is unable to reach one of the above-named child's parents/guardians, the persons listed above may pick-up my child. If an emergency occurs, I understand that the school will seek emergency medical treatment on behalf of my child, to include administering first aid and/or CPR, providing transportation to the nearest medical facility using private vehicles or ambulance, and seeking the professional services of physicians needed. I understand that parents/guardians are responsible for covering any costs related to the child's care and release the school from responsibility for any damages caused by medical care sought in an emergency.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_