

## AMA – STUDENT EMERGENCY INFORMATION SUMMARY

NAME OF STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ MEDICINAL ALLERGIES: \_\_\_\_\_

DIET & MEDICAL CONDITIONS: \_\_\_\_\_

PRESCRIBED MEDICINE(S): \_\_\_\_\_

NON-PRESCRIBED MEDICINE(S): \_\_\_\_\_

EMERGENCY MEDICAL CARE FACILITY/PRACTICE: \_\_\_\_\_

CHILD'S PRIMARY PHYSICIAN: \_\_\_\_\_ CONTACT#: \_\_\_\_\_

CLASSROOM: \_\_\_\_\_ TEACHER(S): \_\_\_\_\_, \_\_\_\_\_

CHILD CARE SCHEDULE: DAYS OF CARE \_\_\_\_\_ HOURS OF CARE: \_\_\_\_\_

START DAYS OF CARE: \_\_\_\_\_

PARENT'S NAME #1: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOBILE #: \_\_\_\_\_ WORK #: \_\_\_\_\_ HOME# \_\_\_\_\_

HOME ADDRESS:  
\_\_\_\_\_

PARENT NAME #2: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOBILE #: \_\_\_\_\_ WORK #: \_\_\_\_\_ HOME# \_\_\_\_\_

HOME ADDRESS:  
\_\_\_\_\_

PLEASE LIST BELOW ALL ADDITIONAL PEOPLE WHO MAY BE CONTACTED DURING A SCHOOL EMERGENCY AND WHO ARE AUTHORIZED TO PICK UP THE CHILD FROM AMA PREMISES.

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

MOBILE #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

### SCHOOL POLICY AGREEMENT BY PARENT'S SIGNATURE BELOW:

1. I authorize AMA to consent to any emergency medical treatment deemed advisable by a licensed physician or paramedic, if I cannot be reached. I agree to cover the cost of ALL medical bills incurred doing his/her medical treatment. AMA teachers are fully CPR/First Aid trained and may perform certified services to my child in the event of an emergency.

2. I agree to pay monthly tuition cost of child care by the **25<sup>th</sup> of each month**. Late pick-up and alternative child care tuition will be paid in full on the day of rendered child care services. The monthly child care tuition fee will be paid for by way of Auto-Pay/Bill Pay, an online-banking system (automatic bill pay mails an automatic check to AMA). A parent must first create an online banking account and place your child's birthday with his/her full name as the "account number". The school address must be placed as the delivery location and select the 15<sup>th</sup> of each month for automatic payment. Your check may take up to 7-10 business days to arrive at AMA and for processing. Please do not be tardy with your monthly tuition payment.
3. My monthly tuition rate and childcare schedule is permanent and may not be adjusted. Absolutely no prorated and/or reimbursement of tuition fees. No exceptions.
4. Withdrawal from AMA must be made at least 30 days before the removal of the student, in writing (via email) and reviewed by the school director.
5. School breaks, holidays and teacher workdays (professional development) will be announced in the new school year calendar (dates may vary).
6. My child may participate in two transportation required field trips (yearly), nature walks, park play, school events and summer program. I will **NOT** hold AMA staff, volunteers, student interns and visiting instructor's responsible for any child, and family bodily injury and/or illnesses. Parents will assist with child transportation, if volunteering is available.
7. I have read and understood the information described in the parent handbook (PH). (Parents will download the PH from AMA's web page, along with ALL student enrollment forms).
8. I have read, understood and signed ALL student forms before the start of care.
9. I agree to provide a full parent signature and times of arrival/departure for daily child drop off/pick up.
10. I agree to maintain a respectful and communicative relationship with AMA staff, visiting instructors, parents and children at all times. We understand that it takes an entire village to raise a child and that "community building" plays a crucial role in child development.

PARENT'S SIGNATURE #1: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE #2: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR'S SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_