

The Montessori House

Pre-School for Discovery and Growth
Telephone: 201-816-8343 Fax: 201-816-8313

426 Knickerbocker at Riveredge Rd.
Tenafly, NJ 07670

Dear Parents,

This packet contains important school information and forms. All of these forms, including this cover letter/form, must be completed, signed, and returned to the school by **June 1, 2017**.

(Note, you should retain for your records the enclosed copy of your signed Enrollment Agreement.)

Student name: _____

A. You received each of these documents electronically. **Please initial (1) – (5).**

I have received and read the following information:

- 1) _____ 2017-18 Parent Handbook*
- 2) _____ Policy on Discipline (in Parent Handbook)*
- 3) _____ Policy on Expulsion (in Parent Handbook)*
- 4) _____ Information to Parents Statement (in Parent Handbook)*
- 5) _____ NJ Immunization Information*

*Links to PDF file sent via e-mail

B. You have received in this packet a hard copy of each of the following forms.

Please check off and return all, including this cover letter/form, by June 1, 2017.

Please assemble these in one complete packet; do not send them individually.

_____ This Form (cover letter, disclosure acknowledgment, checklist) *(please sign below)*

_____ Student Picture Release Form

_____ Universal Child Health Record (CH14) completed, signed, stamped by physician.
(be sure completed immunization records are attached)

_____ Emergency Form

_____ Photos (prints only, with your child's name written on the back of each one)

1. One photo of your child for our family-tree bulletin board
2. One photo of your child for the classroom (*two* photos for Stepping Stones students)
3. One photo of the child with his family for office records
4. Photo of *each person* you authorize to pick up your child from school
(write on back: your child's name, name of the person in photo, and relationship to child)

Please be sure your child meets the requirements for school attendance in New Jersey.

We must receive ALL health forms before your child may attend school -- complete, signed and stamped by your pediatrician only. The school nurse will reject all other forms.

Submitted by: _____ Date: _____, 2017
(Parent Signature)

March 30, 2017