



CHILD INFORMATION/HISTORY FORM

CHILD'S NAME (LAST, FIRST) _____

NICKNAME _____

AGE _____

BIRTHDAY _____

PREVIOUS PROGRAM PARTICIPATION

HAS YOUR CHILD ATTENDED A MONTESSORI PROGRAM BEFORE? YES NO _____

HOW LONG DID S/HE PARTICIPATE IN A MONTESSORI PROGRAM? _____

HAS YOUR CHILD ATTENDED ANY OTHER PROGRAM(S)? YES NO _____

HOW LONG DID S/HE PARTICIPATE IN THIS PROGRAM(S)? _____

ANY DETAILS YOU WISH TO SHARE: _____

MEDICAL HISTORY

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? YES NO _____

PLEASE DETAIL ALLERGIES/TREATMENT: _____

DOES YOUR CHILD HAVE ANY OTHER SPECIAL MEDICAL CONDITIONS? YES NO _____

PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY CURRENTLY PERSCRIBED MEDICATIONS? YES NO _____

PLEASE EXPLAIN: _____

PHYSICIAN NAME: _____ PHONE: _____

ABOUT YOUR CHILD

CAN YOUR CHILD USE THE RESTROOM IDEPENDENTLY? YES NO _____

DOES YOUR CHILD NEED HELP DRESSING/UNDRESSING? YES NO _____

PLEASE EXPLAIN ANY CONCERNS/FEARS YOUR CHILD MAY HAVE: _____

ANY DETAILS YOU WISH TO SHARE: _____

PARENT SIGNATURE: _____

DATE: _____