



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? _____

PLEASE DETAIL ALLERGIES/TREATMENT: _____

IF YES, IS IT AN AIRBORNE ALLERGY OR AN INGESTED ALLERGY? _____

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: _____

PREVIOUS LEARNING ENVIRONMENT EXPOSURE

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: _____