

Montessori School of Aberdeen, Inc.

Intake Information Sheet

Name of child _____ Date of enrollment _____

Name by which child is most often called _____ Date of birth _____

Home address _____ Home phone _____

Family Information

Father or Guardian's Name _____

Address (if different from child's) _____

Where employed _____

Email _____

Business Phone _____ Cell phone _____ Home Phone _____

Mother or Guardian's name _____

Address (if different from child's) _____

Where employed _____

Email _____

Business Phone _____ Cell phone _____ Home Phone _____

How can persons responsible for the child be reached while child is at school? _____

If neither parent nor guardian can be reached, in case of emergency, contact (include relationship) _____

Persons designated to pick up child (include name, address, & phone if not listed) _____

Persons NOT permitted pick up child _____

Other children in the family (please list names, age, and sex of each) _____

Other adults in the family (list relation to the child) _____

Please share any information that will allow us to know and understand your child better.

Play habits _____

Eating behavior _____

Sleeping patterns _____

Fears _____

Likes and dislikes _____

Describe your child's personality (active, independent, shy, etc) _____

Describe the method of discipline you use with your child _____

What aspects of the Montessori approach are you familiar with? _____

What do you want your child to gain from this Montessori experience? _____

Child's previous school experience: Dates attended: _____

Location: _____ Director _____ Phone _____

May we call this facility for reference and child's progress reports? _____

Describe any chronic or handicapping problem that your child has, (example: seizures, asthma, diabetes, allergies, heart disease, respiratory illness, and drug reactions):

Instructions for care for any of the above mentioned conditions _____

Medical

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Do you have any concerns about your child's hearing, vision, or speech? _____ If so, please explain _____

Are there any other concerns or information that you feel may be beneficial for the staff members to know?

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for my child

If requested by Montessori School of Aberdeen, who is the school/child care provider for our child.

Please note that my child is allergic to the following medications:

It is also important to note that my child has the following special medical conditions:

Parent Signature _____ **Parent Signature** _____

Date _____

I/We attest that the information listed on this intake is as accurate and complete as possible.

Parent Signature _____ Parent Signature _____

Date _____

ATTACH CHILD'S CURRENT IMMUNIZATION RECORD

Thank you for taking time to complete this form. This information, as well as continued open communication on both our parts, will be very helpful in allowing us to ensure a good understanding of your child so that we can provide a positive learning experience for everyone.