



Office Use		
PAD: _____	CC: _____	PDC: _____
Reg Fee Pd: _____	Date Pd: _____	
Start Date: _____		
End Date: _____		

Child's Name: _____ **Birth Date:** ____/____/____ (yy/mm/dd)
Mailing Address: _____ **City/Town:** _____ **Postal Code:** _____
MCP: _____ **MCP Expiry:** _____
Physician: _____ **Clinic:** _____
Physician Phone: _____ **Clinic Address:** _____

Parent/Guardian 1 Name: _____ Address (if different from child's): _____ Phone:(Home) _____ (Cell) _____ Email: _____ Place of Work: _____ Work Address: _____ Postal Code: _____ Work Phone: _____	Parent /Guardian 2 Name: _____ Address (if different from child's): _____ Phone:(Home) _____ (Cell) _____ Email: _____ Place of Work: _____ Work Address: _____ Postal Code: _____ Work Phone: _____
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Please indicate which email for correspondence: Parent 1: _____ Parent 2: _____ Both: _____

Current marital status of parents: Married: _____ Seperated: _____ Other: _____

Do both parents have permission to leave our school with the child? Yes _____ No _____

Emergency Contact: (Please list two contacts other than Parents/Guardians) *If no Emergency Contact Available, notify office.

Name	Relationship to Child	Phone Number(s)

Alternate Contact/Pick Up: (Signatures required including parents/guardians) *If no Emergency Contact Available, notify office.

Name	Relationship to Child	Phone Number	Signatures of Alternate Contact Required

Toddler Montessori (Sept. - Aug.)	M - F	M/W/F	T/TH
Jr. Casa Montessori (Sept. - Aug.)	M - F	M/W/F	T/TH
Traditional Casa Montessori (Sept. - Aug.)	M - F	M/W/F	T/TH
Enrichment Classes:	Little Counters/Year before Kindergarten	Day: TBD	Time: TBD (40 min. classes)
*Children MUST be Toilet trained	Little Pre-Readers / Year Before Kindergarten	Day: TBD	Time: TBD (40 min. classes)
	Early Learning Keyboarding (Ages 3 - 5 Years of age)	Day: TBD	Time: TBD (40 min. classes)
	Les Petits Amis (Ages 3-5 Years of Age)	Day: TBD	Time: TBD (40 min classes)

In case of emergency, I understand that treatment will be given by a qualified doctor, or any person qualified to give emergency treatment, I release Early Achievers from any liability for injury that may arise or be occasioned thereof. I hereby grant permission for the teacher to take whatever steps may be necessary to obtain emergency care.

Parent/Guardian Signature: _____ **Date:** _____

Questionnaire

Name of Child: _____

Birth Date ____/____/____ (yy/mm/dd)

Parent /Guardians _____

1. Describe your child's general health, e.g., recurrent colds, ear infections, stomach aches, etc.

2. Does your child have any illnesses, conditions, or special needs that we should be aware of, e.g., asthma, diabetes? _____

3. To provide your child with the best learning environment possible, it is necessary for us to be aware if your child has been/will be referred to a specialist for speech language, behavioral, social/emotional, or academic concerns:

4. Is your child taking any medication? Yes No If yes, which medication and what is it for?

5. Does your child have any food or other allergies? Yes No **Epi-Pen?** Yes: No:

If yes, please describe: _____

**Please indicate if allergies are Airborne (A), Ingested (I) or Touch (T)*

6. Is your child on a special diet? Yes No

If yes, please describe: _____

Questionnaire

Name of Child: _____

Birth Date ____/____/____ (yy/mm/dd)

Parent /Guardians _____

7. Describe any concerns you have about your child's diet and/or eating habits:

8. Describe your child's sleeping/nap habits and routines (if applicable): _____

9. How far has your child progressed in toilet training? (if applicable) _____

10. Is English a second language for your child? Yes No

11. Has your child had previous experience in group childcare? If so, where? _____

Did your child experience any difficulties settling in or with routines? Please describe: _____

12. Is there anything else we should be aware of to help make your child's day run smoothly?



***** All students must be immunized. Please attach a copy of your child's current Immunization Record as children CANNOT begin a program with us until a copy is provided.**

Enriching the Lives of Children