

I would like my child's schedule to be _____



Children's Montessori Preschool REGISTRATION FORM

Please complete all blank lines

Child's Full Name (First, Middle, Last): _____

Name Child is called at home: _____

Date of Birth: _____ Sex: M / F Current Age: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Home phone: _____ Cell phone: _____

Address: (if different from child's) _____ City: _____ Zip: _____

Employer: _____ Work phone: _____

Father's Name: _____ Home phone: _____ Cell phone: _____

Address: (if different from child's) _____ City: _____ Zip: _____

Employer: _____ Work phone: _____

Other children in your family (Please list first name and age): _____ Pets (number and type of animal): _____

Physician: _____ Physician's phone number: _____

I hereby give my permission for the school to contact another physician if the above named person cannot be reached
YES/NO (please circle one)

Persons to be contacted in case of emergency or illness other than parent(s)(must be in Los Alamos/White Rock)

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

FOR OFFICE USE ONLY

Date started at CMPS _____ Last Day at CMPS _____

Registration fee \$ _____ Supply fee \$ _____ Days attending _____

Does your child suffer from any of the following (Please check all that apply):

allergies (please explain, include any medications needed for the condition)

-
- environmental allergies seasonal allergies food allergies pets fabric softener
 asthma - needs medication or inhaler yes/no
 chronic ear infections
 any condition currently being monitored by a physician (please explain)

-
- dislikes loud noises (cries in crowded rooms or when the vacuum cleaner is run)
 fear of animals (ie dogs, birds, etc.)
 difficulties at the time of birth (preemie, heart or lung problems, etc. please explain)

-
- recurring skin rashes (such as eczema or psoriasis) _____
 serious injury (requiring stitches or involving head trauma, or an object falling on your child)

-
- faints at the sight of blood
 ever been hospitalized for any reason (please explain): _____
 any diagnosed developmental problem (please explain): _____
 food dislikes or intolerances: _____

It is very helpful to the staff to know a little bit about your child's everyday life. These questions are strictly voluntary to answer, but they will help the staff get to know your child better.

- takes a nap every day (# hours _____) naps occasionally (# hours _____)
 naps only when extremely tired sleeps with security blanket or favorite animal
- # hours sleep each night _____ # hours spent with mom every day _____
hours spent with dad every day _____ # hours spent with siblings each day _____
hours watching tv _____ # hours playing video games _____

Extracurricular activities (sports, dancing, music, etc.) _____

Favorite toy and/or fantasy character _____

parent email _____

Parent signature _____ Date _____