

Peaceful Children Montessori Child Enrollment and Health Information

Child's Name		Date of Birth		School Year	
Home Address					City
State	Zip Code		Home Telephone		
Mother/Guardian Name					
Home Address					
City		State		Zip	
Home Telephone			Email		
Work Telephone			Work Name		
Work Address				City	
Please indicate if this name should be included on a parent roster: Yes No					
If you answered yes, please indicate which number above to list on the roster: Work # Cell # Home #					
Please list the email address you would like us to use for the Wednesday notes and other communications: _____					
<input type="checkbox"/> Please check here if you do not want this email published on the roster.					
Where can you be reached while your child is in this program?					
Father/Guardian Name					
Home Address					
City		State		Zip	
Home Telephone			Cell Phone		
Work Telephone			Work Name		
WorkAddress				City	
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the school and able to take responsibility for the child in case you cannot be contacted					
Name		Name			
City	City	City			
Telephone #	Telephone #	Telephone #			
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State		Telephone #	

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring school staff to monitor the condition, provide treatment, care, or to give medication, a "Request for Administration of Medication" form must be completed and kept on file at the school.

Does your child have any food, medication, or environmental allergies? (*check all that apply*)

- No
 Yes-*check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require school staff to monitor the child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes-a "Request for Administration of Medication" form must be completed

Does your child have a special health or medical condition? (*check one*)

- No
 Yes – please explain

Does the special health or medical condition require school staff to perform a procedure, monitor your child for symptoms, or administer medication during school hours?

- No
 Yes – a "Request for Administration of Medication" form must be completed

Is your child currently using any medication or food supplement? (*check one*)

- No
 Yes – please explain

If yes, does this medication, food supplement, or medical food need to be administered at the school?

- No
 Yes – a "Request for Administration of Medication" form must be completed

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or **medical personnel** in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

PERMISSION/RELEASE FORM

From time to time, photographs are taken of the children in school activities. Pictures are used for our record keeping, open houses, parent gifts, publicity, resource books, and our PCM website. We would appreciate your authorization for non-commercial use of your child's photographs.

"I give permission for my child's photograph to be used for non-commercial purposes at the discretion of the school."

_____ Child's name

_____ Signature of Parent, Custodian, or Guardian

_____ Date