



## CHILD INFORMATION FORM

CHILD'S NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_

**MEDICAL INFO:**

DOES YOUR CHILD HAVE:

ANY ALLERGIES:

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ANY SPECIAL MEDICATIONS:            YES            NO  
EXPLAIN:

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ANY CURRENT PRESCRIBED MEDICATION: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE # \_\_\_\_\_

**HELPFUL INFORMATION:**

What can you tell Stonebridge Montessori School about your child and:

Potty training

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Napping

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Dressing or Undressing

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Anything Else

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\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date