



CHILD INFORMATION FORM

CHILD'S NAME: _____ NICKNAME: _____

BIRTHDAY: _____ AGE: _____

MEDICAL INFO:

DOES YOUR CHILD HAVE: ANY ALLERGIES:

ANY SPECIAL MEDICATIONS: YES NO EXPLAIN:

ANY CURRENT PRESCRIBED MEDICATION:

PHYSICIAN: _____ PHONE # _____

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

Potty training

Napping

Dressing or Undressing

Anything Else

Parent or Guardian

Signature Date