



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