



<b>Office Use</b>		
PAD: _____	CC: _____	PDC: _____
Reg Fee Pd: _____	Date Pd: _____	
Start Date: _____		
End Date: _____		

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (yy/mm/dd)

**Mailing Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**MCP:** \_\_\_\_\_ **MCP Expiry:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**Physician Phone:** \_\_\_\_\_ **Clinic Address:** \_\_\_\_\_

<p><b>Parent/Guardian 1 Name:</b> _____</p> <p>Address (if different from child's): _____</p> <p>Phone:(Home) _____ (Cell) _____</p> <p>Email: _____</p> <p>Place of Work: _____</p> <p>Work Address: _____</p> <p>Postal Code: _____</p> <p>Work Phone: _____</p>	<p><b>Parent /Guardian 2 Name:</b> _____</p> <p>Address (if different from child's): _____</p> <p>Phone:(Home) _____ (Cell) _____</p> <p>Email: _____</p> <p>Place of Work: _____</p> <p>Work Address: _____</p> <p>Postal Code: _____</p> <p>Work Phone: _____</p>
--	---

Please indicate which email for correspondence: Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_ Both: \_\_\_\_\_

Current marital status of parents: Married: \_\_\_\_\_ Seperated: \_\_\_\_\_ Other: \_\_\_\_\_

Do both parents have permission to leave our school with the child? Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Contact: (Please list two contacts other than Parents/Guardians) \*If no Emergency Contact Available, notify office.**

Name	Relationship to Child	Phone Number(s)

**Alternate Contact/Pick Up: (Signatures required including parents/guardians) \*If no Emergency Contact Available, notify office.**

Name	Relationship to Child	Phone Number	Signatures of Alternate Contact Required

Toddler Montessori (Sept. - Aug.)	M - F	M/W/F	T/TH
Jr. Casa Montessori (Sept. - Aug.)	M - F	M/W/F	T/TH
Traditional Casa Montessori (Sept. - Aug.)	M - F	M/W/F	T/TH
<b>Enrichment Classes:</b>	Math Pre-Abacus /Year before Kindergarten		<b>Day:</b> Friday <b>Time:</b> TBD (40 min. classes)
	Little Pre-Readers / Year Before Kindergarten		<b>Day:</b> Wednesday <b>Time:</b> TBD (40 min. classes)
	Early Learning Keyboarding with The Music Collection (Ages 3 - 5 Years of age; toilet trained)		<b>Day:</b> Wednesday <b>Time:</b> TBD (40 min. classes)
	Les Petits Amis (Ages 3-5 Years of Age; toilet trained)		<b>Day:</b> Thursday <b>Time:</b> TBD (40 min classes)

In case of emergency, I understand that treatment will be given by a qualified doctor, or any person qualified to give emergency treatment, I release Early Achievers from any liability for injury that may arise or be occasioned thereof. I hereby grant permission for the teacher to take whatever steps may be necessary to obtain emergency care.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Questionnaire

Name of Child: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (yy/mm/dd)

Parent /Guardians \_\_\_\_\_

\_\_\_\_\_

1. Describe your child's general health, e.g., recurrent colds, ear infections, stomach aches, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any illnesses, conditions, or special needs that we should be aware of, e.g., asthma, diabetes? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. To provide your child with the best learning environment possible, it is necessary for us to be aware if your child has been/will be referred to a specialist for speech language, behavioral, social/emotional, or academic concerns:

\_\_\_\_\_  
\_\_\_\_\_

4. Is your child taking any medication? Yes  No  If yes, which medication and what is it for?

\_\_\_\_\_  
\_\_\_\_\_

5. Does your child have any food or other allergies? Yes      No      **Epi-Pen?** Yes:      No:

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
*\*Please indicate if allergies are Airborne (A), Ingested (I) or Touch (T)*

6. Is your child on a special diet? Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

# Questionnaire

Name of Child: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (yy/mm/dd)

Parent /Guardians \_\_\_\_\_

7. Describe any concerns you have about your child's diet and/or eating habits:

---

---

---

8. Describe your child's sleeping/nap habits and routines (if applicable): \_\_\_\_\_

---

---

9. How far has your child progressed in toilet training? (if applicable) \_\_\_\_\_

---

10. Is English a second language for your child? Yes  No

11. Has your child had previous experience in group childcare? If so, where? \_\_\_\_\_

Did your child experience any difficulties settling in or with routines? Please describe: \_\_\_\_\_

---

12. Is there anything else we should be aware of to help make your child's day run smoothly?

---

---

---



**\*\*\* All students must be immunized. Please attach a copy of your child's current Immunization Record as children CANNOT begin a program with us until a copy is provided.**

*Enriching the Lives of Children*