

# LEARNING TREE MONTESSORI

## CHILD INFORMATION RECORD - 2017/2018

**Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.**

Name of Child (Last, First, Middle)		Child's Date of Birth		Enrollment Date	
Address (Number and Street, Apt. number)		City & State		Zip code	
Father/Legal guardian's name	Home Phone	Mother/Legal guardian's name		Home Phone	
Home address (if not child's address)	Cell Phone	Home address (if not child's address)		Cell Phone	
City & State	Zip Code	City & State		Zip Code	
Email Address			Email Address		
Employer Name	Work Phone	Employer Name		Work Phone	
Name of Child's Physician or Health clinic			Physician's or Health clinic's Phone number		
Hospital preferred for treatment (optional)					
Allergies, special needs and special instructions (attach additional sheets if necessary)					
<b>Emergency Contact: List all individuals, including parents/Legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released.</b>					
1	Home phone		Cell		
2	Home phone		Cell		
3	Home phone		Cell		
4	Home phone		Cell		
5	Home phone		Cell		
6	Home phone		Cell		
<b>RELEASE OF CHILD: List all individuals, other than parent/legal guardian, to whom the child may be released. (if more individuals, attach additional sheet.)</b>					
1	Phone	2	Phone		
3	Phone	4	Phone		
5	Phone	6	Phone		
I give permission to LEARNING TREE MONTESSORI INC., licensed by the Department of Human Services, to secure emergency medical and or emergency surgical treatment for the above names minor child while in their care.					
Signature of Parent or Guardian				Date Signed	