



MONTESSORI ONE PRESCHOOL ACADEMY

Address: 9360 Holly Avenue, NE, Albuquerque, New Mexico 87122
Phone Number: 505.822.5150
Fax Number: 505.822.5120
Web Address: montessorione.net

Student Information Form for 2010-2011

BOTH SIDES OF THIS FORM MUST BE COMPLETED BY THE PARENT AND/OR GUARDIAN.

STUDENT INFORMATION:

Name: _____ M F
Last First M.I.

Home Address: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Mailing Address (if different): _____ Phone: _____

E-mail Address: _____

Please list all numbers where you can be reached throughout the day.

Mother's Name: _____ Father's Name: _____

Cell or Pager #: _____ Cell or Pager #: _____

Business Phone: _____ Ext. _____ Business Phone: _____ Ext. _____

Please list two **LOCAL** relatives or friends who can be contacted **if parents cannot be reached** in case of an emergency.

Name: _____ Name: _____

Phone: _____ Phone: _____

Cell or Pager #: _____ Cell or Pager #: _____

Relationship: _____ Relationship: _____

MEDICAL CONTACT INFORMATION: (Please also refer to Parent Handbook for Sick / Emergency Policy and Procedures)

Does your child have any allergies and/or medical conditions that we should be aware of? _____

If Yes, please list: _____

Name of Family Doctor to be called in case of an emergency: _____ Phone: _____

I give my permission for: Emergency Medical Transportation. YES NO

Emergency Medical Treatment. YES NO

Name of Medical Facility in case of an emergency: _____

AUTHORIZATION AND PERMISSION FORM FOR 2010-2011

I, _____, give permission to the following individuals to
Parent / Guardian
pick up _____ from Montessori One Preschool Academy and I
Student
release Montessori One from any liability for doing so.

1. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
2. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
3. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
4. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____

The following individuals **MAY NOT** pick up, _____ from
Student
Montessori One Preschool Academy (leave blank if not applicable).

1. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____
2. Name: _____ Relationship: _____
Driver's License #: _____ Phone: _____

In order to help us serve your child better, please indicate the following information for your child.

My child takes a **daily** nap. _____ From _____ To _____ YES NO

I want my child to take daily naps at school (in the afternoons). YES NO

My child wears a diaper. YES NO

My child is currently being potty trained. YES NO

My child is already potty trained. YES NO

I give permission for pictures, films, or videotapes of my child to be taken for school records, promotions, publications and marketing including Montessori One website. YES NO

Parent Signature

Date