



## Medical Information

Allergies/Medical Conditions: \_\_\_\_\_

Health/Dietary Restrictions: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency First Aid:** As a parent or legal guardian, I authorize treatment of the above named student by a qualified and licensed medical physician or an emergency medical technician in case of an emergency which, in the opinion of the attending physician or technician, may endanger the student's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I realize that medical treatment is not provided by Beverly Montessori School and that I am responsible for payment of any medical treatment provided.

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

## Parent Questionnaire

Is your child toilet trained? Y N Does your child nap? Y N When? \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Please tell us a bit about your child (likes/dislikes/interests/special needs): \_\_\_\_\_

What activities does your family enjoy together? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Has your child been in a situation without you? Y N Please list previous school/separation experiences and your child's reactions to these: \_\_\_\_\_

Where did you first learn about Beverly Montessori School? \_\_\_\_\_

What attracted you to the Montessori philosophy? \_\_\_\_\_

What questions do you have about Montessori Education? \_\_\_\_\_

What are you looking for in a school and why might Beverly Montessori be a good fit for your family? \_\_\_\_\_

## Office Use

Date received: \_\_\_\_\_ Registration fee paid cash or check# \_\_\_\_\_ Receipt letter sent: \_\_\_\_\_ Acceptance letter sent: \_\_\_\_\_

Date parent observed: \_\_\_\_\_ Date of student visit: \_\_\_\_\_ First day of attendance: \_\_\_\_\_ Last day of attendance: \_\_\_\_\_