



Lavallette

Montessori Preschool

PRESCHOOL REGISTRATION FORM

Student's Name: _____
(Last Name) (First Name) (Middle Initial or Name)

Address: _____

Student's Age as of December 1: _____ Student's Date of Birth: _____

Date student was toilet trained: _____ How did you hear about us: _____

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

Please List Your Child's Allergies or Handicaps: _____

Please List Languages Spoken At Home If Other Than English: _____

Mother's Name: _____ Address: (if different) _____

Father's Name: _____ Address: (if different) _____

Mother's Place of Employment and Phone Number: _____

Father's Place of Employment and Phone Number: _____

IN CASE OF THE SUDDEN ILLNESS OF YOUR CHILD WHEN NEITHER SPOUSE CAN BE CONTACTED, PLEASE LIST THE NAMES AND PHONE NUMBERS OF TWO INDIVIDUALS WHO WILL ASSUME RESPONSIBILITY FOR YOUR CHILD UNTIL YOU BECOME AVAILABLE:

Name & Relationship: _____ Phone Number: _____

Name & Relationship: _____ Phone Number: _____

IF YOU WOULD PREFER THAT YOUR PERSONAL PHYSICIAN BE CONTACTED IN CASES OF EXTREME EMERGENCY, PLEASE STATE YOUR PERSONAL PHYSICIAN'S NAME AND PHONE NUMBER BELOW:

Name: _____ Phone Number: _____

Parent's/Guardian's Signature)

(Date)



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PRESCHOOL REGISTRATION HEALTH HISTORY

Name of Student: _____ Date of Birth: _____

Was pregnancy normal? _____

Any complications at birth? _____

Was baby full-term? _____ Normal delivery? _____

Birth Weight: _____ Apgar Score: _____

Has child had any delayed milestones? (sitting, walking, talking) _____

Does child have any known food or latex allergies? _____

If yes, please explain _____

Is your child on any medication? _____

Are there any health issues that we should be aware of? (Surgery, vision, hearing, speech, congenital, fractures, concussions) _____

Does your child have any limitation of activity or physical handicap? _____

If yes, please explain _____

Signature of Parent*

Date

*Your signature indicates that the information provided by you is true and that you were provided with the attached district policy "Eligibility of Resident/Nonresident Pupils".