

# Child Information Sheet

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ Weekly Schedule: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_ Time of Pick Up: \_\_\_\_\_

**Mother/Guardian's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Email: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Email: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Parent/Guardian with Legal Custody: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Living Together \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
Single \_\_\_\_\_

Other Members in Household: \_\_\_\_\_

### **Consent Form**

I give MOLO Montessori permission for the following:

\_\_\_\_\_ pictures/videos to be taken of my child for the TV, news, newspaper, web page, art projects, classroom decorations, etc.

\_\_\_\_\_ To apply sunscreen to my child as needed.

\_\_\_\_\_ In case of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. I am responsible for providing information on my child's special health needs (allergies, diet, disabilities, medical information, etc.) to MOLO Montessori, as may be necessary to assist the facility in properly caring for my child in case of an emergency.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Child Release Authorization**

**MOLO Montessori will not release your child to anyone other than you unless written authorization is provided.**

Please list below anyone you wish to give authorization to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is your responsibility to keep MOLO Montessori informed of all changes regarding your child's information.

Does your child have any medical problems, chronic physical problems, pertinent developmental information, allergies, or intolerance to foods? Please explain.

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Has your child had any previous experience with a child care center? If so, please list when and where, and how this experience was/if there were any problems:

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What foods does your child like? Dislike?

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What are some of your child's favorite toys/games/activities/etc.?

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How does your child express anger/frustration?

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Does your child have any particular fears? (dogs, vacuums, sirens, etc.)

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When your child is upset, what helps to comfort them?

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How do you discipline your child?

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Are there any special family situations that we should be made aware of?

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What are your expectations of MOLO Montessori?

