

I would like my child's schedule to be \_\_\_\_\_



## Children's Montessori Preschool REGISTRATION FORM

Please complete all blank lines

**Child's Full Name (First, Middle, Last):** \_\_\_\_\_

Name Child is called at home: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Current Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: (if different from child's) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: (if different from child's) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Other children in your family (Please list first name and age): \_\_\_\_\_ Pets (number and type of animal): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

I hereby give my permission for the school to contact another physician if the above named person cannot be reached  
YES/NO (please circle one)

Persons to be contacted in case of emergency or illness other than parent(s)(must be in Los Alamos/White Rock)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### FOR OFFICE USE ONLY

Date started at CMPS \_\_\_\_\_ Last Day at CMPS \_\_\_\_\_

Registration fee \$ \_\_\_\_\_ Supply fee \$ \_\_\_\_\_ Days attending \_\_\_\_\_

Does your child suffer from any of the following (Please check all that apply):

allergies (please explain, include any medications needed for the condition)

- 
- environmental allergies       seasonal allergies       food allergies    pets    fabric softener  
 asthma - needs medication or inhaler   yes/no  
 chronic ear infections  
 any condition currently being monitored by a physician (please explain)

- 
- dislikes loud noises (cries in crowded rooms or when the vacuum cleaner is run)  
 fear of animals (ie dogs, birds, etc.)  
 difficulties at the time of birth (preemie, heart or lung problems, etc.   please explain)

- 
- recurring skin rashes (such as eczema or psoriasis) \_\_\_\_\_  
 serious injury (requiring stitches or involving head trauma, or an object falling on your child)

- 
- faints at the sight of blood  
 ever been hospitalized for any reason (please explain): \_\_\_\_\_

any diagnosed developmental problem (please explain): \_\_\_\_\_

food dislikes or intolerances: \_\_\_\_\_

It is very helpful to the staff to know a little bit about your child's everyday life. These questions are strictly voluntary to answer, but they will help the staff get to know your child better.

takes a nap every day (# hours \_\_\_\_\_)    naps occasionally (# hours \_\_\_\_\_)

naps only when extremely tired       sleeps with security blanket or favorite animal

# hours sleep each night \_\_\_\_\_      # hours spent with mom every day \_\_\_\_\_

# hours spent with dad every day \_\_\_\_\_      # hours spent with siblings each day \_\_\_\_\_

# hours watching tv \_\_\_\_\_      # hours playing video games \_\_\_\_\_

Extracurricular activities (sports, dancing, music, etc.) \_\_\_\_\_

Favorite toy and/or fantasy character \_\_\_\_\_

parent email \_\_\_\_\_

Parent signature \_\_\_\_\_      Date \_\_\_\_\_