



# MONTESSORI ONE PRESCHOOL ACADEMY

Address: 9360 Holly Avenue, NE, Albuquerque, New Mexico 87122  
Phone Number: 505.822.5150  
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## Student Information Form for 2018-2019

**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 2018-2019

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: \_\_\_\_\_

**\*If the mother or father is listed above, court documentation is needed.**

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