



Montessori School of CHANTILLY

4212 Technology Ct Chantilly, VA 20151 703-389-7174	
4455 Brookfield Corporate Dr. Chantilly, VA 20151 703-272-7866	

CHILD'S INFORMATION

Full Name _____ Nickname _____
Sex _____ Birth Date _____
Home Address: _____

Please list and explain any chronic physical problems/ pertinent developmental information/special accommodations needed: _____

Does your child have any allergies? _____
Does your child have any food restrictions? _____

Previous school? _____

PARENTS/GUARDIAN(S)

Father _____ Home phone _____ Cell _____
Father's Home Address: _____

Father's Personal Email: _____

Mother _____ Home phone _____ Cell _____
Mother's Home Address: _____

Mother's Personal Email: _____

PARENTS WORK

Name of Father's Employer: _____ Job Title: _____
Employment Address: _____
Business Phone Number: _____
Father's personal email: _____

Name of Mother's Employer: _____ Job Title: _____
Employment Address: _____

Business Phone Number: _____

Does child reside with both parents? Yes No

Are there custody restrictions? If yes, then court ordered documentation is required.

Person(s) or Agency Having Legal Custody of Child---If OTHER than parent *Documentation required

Full Name: _____ Home phone _____ Cell _____

Home Address: _____

Name of Employer: _____

Employment Address: _____

Business Phone Number: _____

For Staff Use:

Child's Name: _____ Age: _____

Birthday: _____

Medical Condition: _____

EMERGENCY INFORMATION

Allergies or intolerances to food, medication, etc; action to take in case of emergency, signs and symptoms
Medication authorization forms will need to be completed prior to your child's start of school/care.

Name of Child's Physician _____

Name of Practice _____

Doctor's Office Address: _____

Doctor's Phone Number: _____

Names, Address and Phone Numbers of two (2) People (other than parents) to Contact in the event of an emergency, when Parents/Guardians Cannot be reached:

Name: _____ Relation: _____

Home Address: _____

Home: _____ Cell: _____ Work: _____

Name of Employer: _____ Job Title: _____

Work Address: _____

Name: _____ Relation: _____

Home Address: _____

Home: _____ Cell: _____ Work: _____

Name of Employer: _____ Job Title: _____

Work Address: _____

PERSON(S) AUTHORIZED TO PICK UP CHILD (please note that ID is required)

Name: _____ Relation: _____

Home Address: _____

Home: _____ Cell: _____ Work: _____

Name of Employer: _____ Job Title: _____

Employment Address: _____

Person(s) **NOT** Authorized to pick up child

Appropriate paperwork such as divorce decree shall be attached if a parent is not allowed to pick up child

CARE INFORMATION

Date Child Care Needed _____ Class _____
Monthly Tuition Fee: _____ Full Day Before Care After Care
Montessori Education and Care Program Designation:
Monthly Tuition: _____

Days of the Week:	Times:	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Office:		

AGREEMENTS

- 1) Montessori School of Chantilly agrees to notify the parent/guardian if child becomes ill while at center. Parent/guardian agrees to pick-up or arranges pickup of child as soon as possible- if so requested by Montessori School of Chantilly staff.
- 2) The Parent/guardian authorizes Montessori School of Chantilly to obtain immediate medical care if any emergency occurs, and he/she cannot be located immediately. This authorization is not required by State Regulation if the parents raises and/or states an objection to provision of such care on religious or other grounds.
- 3) The Parent/Guardian agrees to inform the center within 24hrs or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as define by the State Board of Health, except for life threatening diseases which must be reported immediately.
- 4) The Parent/Guardian will immediately update any of the following information changes, both in writing and in person to our Office: family contact information to include home address, work address, all contact numbers, emergency contact persons information and designation, contact information of persons authorized to pick up children and designation, and changes in child’s health, and allergy status.

SIGNATURES

PARENT(S) GUARDIAN

DATE

ADMINISTRATOR OF CENTER

DATE

DATE CHILD ENTERED CARE

DATE LEFT CARE

