



Peachtree Montessori
1279 Route 46 East
Parsippany, NJ 07054



(973) 299-7322

Child's Information

Child's Full Name: _____ Birth Date: ____/____/____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Nickname: _____ Age: _____

E-mail: _____ Full Time/Part Time: _____

Date of Application: _____

Parent/Guardian Information

Mother's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Cell Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Father's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Cell Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Parent/Guardian with legal custody _____
Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

Other Household Members:

Names: _____ Ages: _____ Relationships _____
Names: _____ Ages: _____ Relationships _____
Names: _____ Ages: _____ Relationships _____

Child Pick-up Information

Please list below the people who have ***permission*** to pick up your child.

***Note: Anyone picking up your child must have government issued picture ID.**

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Please list those persons who ***do not have permission*** to pick up your child.

Please explain the reason below or talk to your caregiver so she is aware of the situation.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Reason person is not allowed to pick up your child:

Name: _____

Reason: _____

Name: _____

Reason: _____

Other Important Information

Child will need special provisions such as:

[] Travel to and from school (not offered by Peachtree Montessori)

[] Extra curricular activity [] Yes [] No

If yes, please give details: (what activity, when, if transportation is required, specific arrangements to attend with other family members/friends, etc.)

[] Other provisions we should be aware of: _____

Do you have any outstanding concerns? _____

Emergency Contacts, Information and Permissions

Child's Name: _____

Parent's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Work No.: _____ ext. _____ Cell Phone: _____

Name of Employer _____

Father's Work No: _____ ext. _____ Cell Phone: _____

Name of Employer _____

Special instructions for contacting parents at work: _____

Primary Emergency Contact (other than parents or guardian). Minimum of two people required.

Name: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian).

Name: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Emergency Information

1. Child's Physician: _____ Phone: _____
2. Child's Dentist: _____ Phone: _____
3. Preferred Hospital: _____ Phone: _____
4. Insurance Company: _____ Policy #: _____
5. Regular Medications: _____
6. Blood Type: _____
7. Medicine allergic to: _____
8. Food Allergies: _____
9. Any other Allergies: _____

Allergies & Precautions

List any allergies, including food allergies, and any special precautions and/or treatment required for these allergies:

Medications Currently Being Taken

List medications, food supplements, or fluoride supplements being taken by your child:

Additional Medical Information

List any medical problem we should be aware of that may require special consideration or treatment

Consent to Emergency First Aid & Transportation:

I, _____ (parent/guardian), hereby grant my consent for _____ (child's name), to be given emergency treatment by a staff member at Peachtree Montessori. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold Peachtree Montessori and its employees harmless. Peachtree Montessori will not be responsible for any medical costs associated with such transportation to the emergency center.

Parent's Signature: _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately during a medical emergency, I, _____ (parent/guardian), hereby grant my consent for _____ (child's name), to be given emergency medical or surgical treatment as prescribed by a treating physician, and hold Peachtree Montessori and its employees harmless. Peachtree Montessori will not be responsible for any medical costs associated with such medical treatment under the care of the prescribing physician.

Parent's Signature _____ Date: _____

Consent to Administer Over-The-Counter Medication (**Peachtree Montessori DOES NOT administer prescription medications**):

In the event that my child is ill, I, _____ (parent/guardian), grant my consent for Peachtree Montessori, to administer medication to _____ (child's name), as prescribed by me for over-the-counter medications as follows (medication to be provided by the parent):

Name of Medication: _____ Date to begin: _____ End: _____

Amount of dose: _____ Times to be given: _____

Additional Instructions: _____

Possible side effects: _____

Parent's Signature: _____ Date: _____

Permission for Pictures/Videos:

I, _____ (parent/guardian), hereby grant my consent for
_____ (child's name), to be photographed and videotaped during special
events and for special projects, while at Peachtree Montessori. I understand that these pictures and
videos are for entertainment and craft/learning related purposes only.

Parent Signature _____ **Date** _____

Expulsion Policy:

I have read the Expulsion Policy for Peachtree Montessori.

Parent Signature _____ **Date** _____

Communicable Disease Policy:

I have read the Communicable Disease policy for Peachtree Montessori.

Parent Signature _____ **Date** _____

Parent Handbook:

I have read the Parent Handbook for Peachtree Montessori.

Parent Signature _____ **Date** _____