



**Palencia**  
MONTESSORI ACADEMY

### **CHILD HISTORY**

This information is provided for your child's teachers.

Child's Name: \_\_\_\_\_  
Last First Middle Nickname

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

#### **Please answer the following questions**

1. Are there any foods or medicines to which your child is allergic? Any other allergies? Explain.
2. Does your child have any health or developmental concerns of which we should be aware? Explain.
3. Does your child take any prescription medicine on a regular basis? If so, what?
4. Are there any other issues or concerns about which we should be aware?
5. Has your child attended Montessori School prior to enrollment at PMA?
6. Would you or your family members be interested in volunteering in our classroom? If so, tell us briefly about your career, special interest, or a talent you may be able to share

## AUTHORIZATIONS

**Child's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. I authorize Palencia Montessori Academy to approve medical attention for my child in the event of an emergency during the time that my child is in attendance at Palencia Montessori Academy. Parent or Guardian Signature: \_\_\_\_\_

2. My child has permission to attend any scheduled field trips with notice.  
Parent or Guardian Signature: \_\_\_\_\_

3. My child may be photographed and the photos may be used for school newsletters, general publications, displayed at our facility, and/or for publicity, including on our school website.  
Parent or Guardian Signature: \_\_\_\_\_

4. My child is allowed to consume store-bought or home-prepared food brought in by staff or families to include, but not limited to for the following occasions: birthday parties, celebrations, cooking projects, daily snacks. Parent or Guardian Signature: \_\_\_\_\_

5. I have been supplied a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER, published by The Department of Children and Families.  
Parent or Guardian Signature: \_\_\_\_\_

6. I have been supplied a copy of the Flu (Influenza Virus) Brochure, published by The Department of Children and Families.  
Parent or Guardian Signature: \_\_\_\_\_

7. I have received, read and understand the information explained in the Palencia Montessori Academy Parent Handbook, which includes our Parent Policies and Disciplinary Procedures (Section 65C-22.006 (3) (c) 2., F.A.C.)  
Parent or Guardian Signature: \_\_\_\_\_

**My signature below indicates that all Registration forms I have signed and all information provided also holds true for The Village Academy, or Village Academy *North*, should my child attend these facilities for any reason.**

**Parents please note: DCF Section 65C0-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment**

Parent or Guardian Signature: \_\_\_\_\_