

**ARBOR MONTESSORI
STUDENT RECORD**

Child's Name

Age at beginning of camp _____ Date of Birth _____

Home address _____ Phone _____

City _____ State _____ Zip _____

Parent's Name

Employer _____ Phone _____

Employer _____ Phone _____

Does your child have any allergies? ____ yes ____ no

If yes, what is s/he allergic to? _____

Action(s) to be taken in case of an allergic reaction:

Does your child take any medications on a continuing basis? ____ yes ____ no

Medication: _____ Dosage: _____ Times: _____

Describe how your child relates to other children of his/her age.

Describe how your child reacts in a new environment.

Transportation: In addition to parents/guardians, the following person is authorized to pick up my child after camp:

Name: _____ Relationship to child: _____

Address: _____ Home phone: _____ Work phone: _____