



Montessori School of Pullman ~ Preschool and
Kindergarten

115 NW State Street, Suite 109

Pullman, Washington 99163

Montessori@pullman.com

509-334-4114

www.pullmanmontessori.com

STUDENT INFORMATION SHEET

First Name _____ Last Name: _____

Gender: _____ Name to be used at school: _____

With whom does your child live? _____ Languages Spoken: _____

Help me know your child better:

Has your child attended childcare or preschool? Tell me about it:

Are there any medical problems, allergies, or medicines that I should know about?

Please list siblings and ages:

What would you like me to know about your child?

Are there any behavior problems that I should know about?

For all day students, does your child need a nap? Please give details – normal duration, time, routine . . .



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PERMISSION FORM

Child's Name: _____ Home Phone: _____

PUBLICITY PHOTOS

I give permission for photos of my child to be used for the school web and faceBook pages and for educational and for publicity purposes as seen proper by the teaching and administrative staff of the Montessori School of Pullman. No names will be used.

Yes No

CHILDREN'S ART

I give permission for my child's art to be presented on the school's web pages as seen proper by the school. The art can be presented with first name only.

Yes No

FIELD TRIPS

I give permission for my child to go on Montessori School field trips. I expect to be informed via the newsletter, classroom bulletin board, or take-home notes prior to the trip as to the destination, planned activities and approximate duration of the field trip. I expect the staff to take precautions for my child's safety. I give permission for my child to use local bus transportation for field trips, and to walk to the parks, library, and nearby locations. The School will not transport children in automobiles. In the event of an accident I release the Board of the Montessori School of Pullman, Inc. from any and all liability.

Yes No

SUNSCREEN: We recommend that parents provide hats and apply sunscreen each day to their children before arriving at School. We will make every effort to have sunscreen available to parents at the door. Should the need arise, I give permission for staff to apply sunscreen to my child.

Yes No

PEOPLE AUTHORIZED TO PICK UP YOUR CHLD

Please provide names and phone numbers of people permitted to pick up your child: (must be over 18 years old)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent Signature: _____ Date: _____