



THE NEW SCHOOL MONTESSORI CENTER

Annual Medical Update

Legal Name of Child _____ [] Male [] Female

Date of Birth _____ Home Phone # _____

Home Address _____

Mother (or Guardian's) Name _____

Cell # _____ Work # _____ Email _____

Father (or Guardian's) Name _____

Cell # _____ Work # _____ Email _____

Allergies: _____

Chronic Illnesses: _____

Is there any additional information The New School should know about your child's medical health?

Pediatrician's Name, Address, and Phone Number _____

Parent / Guardian Signature _____ **Date** _____