



MONTESSORI CHILDREN'S HOUSE OF PEORIA

3601 N. NORTH ST. PEORIA, IL 61604 PH. 685-8995 WWW.PEORIAMONTESSORI.ORG

Student Information Update

If there have been any changes to your family's situation, please supply the necessary information on this form and return it to the Office to be placed in your child's file.

Student: _____ **DOB:** _____

Mother/Co-Parent Name: _____

Home Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Employer: _____ Occupation: _____

Father/Co-Parent Name: _____

Home Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Employer: _____ Occupation: _____

To Whom the Child May Be Released:

Name: _____ Phone: _____ Relationship to Child _____

Name: _____ Phone: _____ Relationship to Child _____

Allergies or other Medical Conditions: _____

Any Food Restrictions: _____

Any change of child's physician:

Name: _____ Ph: _____

In a medical emergency, please take my child to _____ Hospital.
(Please indicate if no preference.)

Parent Signature

Date