

# Bon Accord Montessori Child Development Centre

Unit 1,5028 50 Avenue, Bon Accord, Alberta, T0A 0K0

Phone : 780-565-0026/Email [bonaccordmontessori@gmail.com](mailto:bonaccordmontessori@gmail.com)

## Portable Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home PH#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home PH#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work PH#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home PH#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work PH#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ PH#: \_\_\_\_\_

Address: \_\_\_\_\_ (Must not be parent of Child)

Family Physician: \_\_\_\_\_ PH# \_\_\_\_\_

Address: \_\_\_\_\_ AHC#: \_\_\_\_\_

Allergies IF Any: \_\_\_\_\_

Is Your Child Immunization Up to Date \_\_\_\_\_

Authorized person(s) to whom child may be released, name(s), relationship:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Please ensure that both parent Signatures are below (where applicable)

\_\_\_\_\_  
Father Mother Date

We the parent(s) of \_\_\_\_\_ are in agreement as per our signature below that show any medical attention be required for our child, that we are In agreement with this, and do not hold the Daycare for any medical expenses.

With our signature also acknowledge If our child is Or is not on any medication on an ongoing basis at home (which is listed below) that needs to be known by the centre should medical attention be required).

\_\_\_\_\_  
Father Mother Date

Name of medications, If any administered at home \_\_\_\_\_

