



The Children's House of Bucks County

840 Trenton Road ☆ Fairless Hills, PA 19030
215-943-3656 ☆ fax: 215-946-3088 ☆ www.chbcmontessori.org

★★★★★ STUDENT INFORMATION FORM ★★★★★

Student's Name

Nickname

Birthday

Mailing Address

Parent/Guardian Name #1	Parent/Guardian Name #2
Email	Email
Cell Phone	Cell Phone
Home Phone	Home Phone
Employer/Occupation	Employer/Occupation
Work Phone	Work Phone

If the parents are divorced or separated with whom does the student live with? _____

Who takes financial responsibility for tuition and fees? (*relationship*) _____

Choose the names listed in the directory? _____

Emails are sent to _____ Invoices are sent to _____ email(s).

Child's Siblings

Name _____

Name _____

Birth Date _____ Gender: |

Birth Date _____ Gender: |

Previous School Experience: _____

General Health: _____

Allergies: _____

Dietary Restrictions: _____

Authorized Individuals for Contact

- Permission to pick-up*
- Sign for Emergency Care*

Name _____

Phone _____

Alternate Phone _____

Relationship _____

- Permission to pick-up*
- Sign for Emergency Care*

Name _____

Phone _____

Alternate Phone _____

Relationship _____

- Permission to pick-up*
- Sign for Emergency Care*

Name _____

Phone _____

Alternate Phone _____

Relationship _____

- Permission to pick-up*
- Sign for Emergency Care*

Name _____

Phone _____

Alternate Phone _____

Relationship _____

Student's Physician

Doctor's Name _____

Practice's Name _____

Phone _____

Student's Dentist

Doctor's Name _____

Practice's Name _____

Phone _____

Health Insurance Information

Carrier _____

Policy Number _____

Hospital Preference _____

Person completing this form _____

Signature _____

Date _____

How did you hear about our program?

- Website
- Open House
- CHBC Family (name) _____
- Other _____