



Panda Cub Academy

Mandarin Immersion Montessori School

Face Sheet

Child's Information

First name	Middle name	Last name
_____	_____	_____
Date of Birth	Primary language	Gender
_____	_____	_____

Parent/Guardian Information

Name	Relationship		
_____	_____		
Home address	City	State	Zip
_____	_____	_____	_____
Home phone	Cell phone	Work phone	
_____	_____	_____	
E-mail	Occupation	Company Name	
_____	_____	_____	
Company Address			

Parent/Guardian #2 Information

Name	Relationship		
_____	_____		
Home address	City	State	Zip
_____	_____	_____	_____
Home phone	Cell phone	Work phone	
_____	_____	_____	
E-mail	Occupation	Company Name	
_____	_____	_____	
Company Address			

Sibling(s)

name	age	school
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name	age	school
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Other persons in household

name	relationship
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Medical History

Does your child have any learning or emotional difficulties? _____

Any speech or hearing difficulties? _____

Any physical difficulties of medical problems? _____

Allergies? _____

Any medications or special accommodations? _____

Physician Information:

Name	Phone Number(s)
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Address

Program Option

____ Early Drop-off (7 am - 8:30 am)

____ Mini early Drop-off (8 am - 8:30 am)

____ 5 days/wk

____ Full Day Program (8:30 am - 6:30 pm)

____ 4 days/wk _____

____ Morning Program (8:30 am - 12:30 pm)

____ 3 days/wk _____

____ Extended Morning Program (8:30 am - 3 pm)

____ 2 days/wk _____

____ Afterschool Program (3 pm - 6:30 pm)

Desired state date: _____

Deposit: A non-refundable deposit equal to one month's tuition must accompany this form. Please make checks payable to **Panda Cub Academy**. Mail to: Panda Cub Academy, 1200 Boylston St., Chestnut Hill, MA 02467.

I authorize Panda Cub Academy to include my e-mail on the classroom parent e-mail list. I also authorize the teacher to include my child's photos on daily e-mail reports.

Parent/Guardian Signature

Date