



CHRISTIAN
MONTESSORI
SCHOOL
of Ann Arbor

5225 Jackson Rd., Ann Arbor, MI 48103 734-332-9600

Parental Acknowledgement of Physical Health For School Age Programs

This acknowledges that my child _____,
whose date of birth is _____, and who attends Christian
Montessori School of Ann Arbor, a school-age program licensed and approved by the
Division of Child Day Care Licensing, is in good health.

Further, any health restrictions, allergies or medications taken by this child, or any other
needs are noted below:

Restrictions, medications, allergies, special needs:

Signature of parent or guardian

Date