

Mona Montessori Carrollton, Texas

Application for Admission

Child's Last Name:	First Name:
Date of Birth:	Place of Birth(City & State):
Parent's Names:	
Address:	City: Zip:
Home Phone:	
Mother's Work Phone:	Father's Work Phone:
Mobile Phone:	E-Mail:
With Whom Does the Child Live: Both Parents: <input type="checkbox"/> Mother: <input type="checkbox"/> Father: <input type="checkbox"/> Other: <input type="checkbox"/>	
<i>If Other, Please Specify Relationship:</i>	
Name:	Phone:
Address:	
Guarantor: (Person Responsible For Registration And Fees):	
Mother's Employer:	
Father's Employer:	
List who else is authorized to pick your child from The Academy – (will have to show their picture ID, so please provide their Driver License number). Include spouse if authorized to pick when the child does not live with both parents.	
Name Phone No. & relationship:	
Name Phone No. & relationship:	
PLEASE PROVIDE IMMUNIZATION RECORDS. IF THE CHILD IS 4 YEARS OR OLDER WE ALSO REQUIRE HEARING AND VISION TEST RESULT REPORTS.	
<u>Transportation:</u> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give <input type="checkbox"/> consent for my child to be transported by facility's staff on field trips <input type="checkbox"/> to the library or other nearby extra-curricular activities <input type="checkbox"/> to and from school <input type="checkbox"/>	
<u>Water Activities:</u> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give <input type="checkbox"/> my consent for my child to participate in water sports provided by the facility: splashing or wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/>	
<u>School Age Children:</u> My child attends the following school and his/her immunization records are on file at that school and immunizations and TB test are current. _____	
Please consider my child for admission. I understand there is an annual registration fee. <u>Please read the Fee Schedule, Terms, and Conditions.</u> I have read and agree to the Fee Schedule & T/C's	
Parent (Guardian): Signature _____ Date: _____ Driver License No. _____	
For office use only: Class: _____ Start Date: _____ Drop Date: _____ Fee(\$) _____ Weekly _____ Monthly	
Days in Care: M T W TH F OR (M -F) Hours in Care: Circle one (7 to 6) (7 to 4) (9-4) (9-6) Comments: _____	

Mona Montessori Carrollton, Texas

Emergency Authorization

Child's Last Name:	First Name:
Parents' Names:	

Address:

Guardians Name (If Different From Parents):	
Home Phone Number:	
Mother's Work Number:	Mobile Phone:
Father's Work Number:	Mobile Phone:

If a parent (guardian) cannot be reached in case of emergency, the Academy has permission to contact the following persons in the order listed:

Name:	Phone:
Address	

Name:	Phone:
Address	

Emergency contacts must be reliable persons, who could make themselves available immediately and who have transportation during your child's attendance hours. They must be people whom your child knows well, and who can and are ready to pick your child from school and provide care.

In case the services of a physician are required before either a parent (guardian) or one of the emergency contacts can be reached, the following doctor may give my child any treatment necessary. I (the parent or guardian) assume responsibility for payment of such professional service.

Doctor:	Phone:
Address:	

Is Your Child Allergic To Any Medication:	Pls. Specify:
Is Your Child Allergic To Any Other Substance:	

In case of an emergency, when a parent, guardian, emergency contact, or the above physician cannot be reached, the Academy has my permission to take my child by car, van or ambulance to a hospital. The hospital personnel have my permission to treat the child.

Signature of Parent (or Guardian)

Date

