

Northwest Montessori House of Children, INC
1903 W. Koenig Lane
Austin, Texas 78756

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APPLICATION FORM

Child's Name: _____ Sex: M/F Date of Birth: _____

Address: _____

Street

City

Zip

Date of Application: Requested Date:.....

Admission Date :..... Date of Withdrawal:

Hours child will be in care.....

Parent's Name: _____ Phone No: _____

Home

Cell

Email: _____

Employer: _____ Phone No: _____

Address: _____

Parent's Name: _____ Phone No: _____

Home

Cell

Email: _____

Employer: _____ Phone No: _____

Address: _____

In case of an emergency in which parents cannot be reached, please call:

1. Phone No: _____

Name

Relationship

Address: _____

Street

City, State

Zip

2. Phone No: _____

Name

Relationship

Address: _____

Street

City, State

Zip

RELEASE OF CHILD

When my child is brought to this facility, I / we agree to always leave him/her with a staff member after signing our names in the appropriate attendance form. This child shall be released only to his/her parents or to persons named below, after signing out on the aforementioned form

Name: _____ Phone No: _____

Name: _____ Phone No: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use and any other pertinent information the staff should be aware of:

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*** * * * * SPECIAL EMERGENCY REFERRAL INSTRUCTIONS * * * * ***

In the unlikely event that I cannot be contacted for emergency medical attention at the time of illness or accident, I hereby authorize Northwest Montessori House of Children, INC to take my child to:

1.....
Doctor/ Clinic/ Hospital Address Phone No:

2.....
Doctor/ Clinic/ Hospital Address Phone No:

Or to any other licensed physician, if the above-mentioned doctors are not available.

.....
Parent's Signature

.....
Date