

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

Executive Director -- Shireen de Silva, AMI
Director -- Misbah Ali Hemani, AMI

Tel: 512-451-6134
Fax: 512-451-6192

Web: www.nwmontessori.net

Email: nwm19@sbcglobal.net

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

Mother's Name: _____ Phone No: _____
Home Cell

Email: _____

Employer: _____ Phone No: _____

Address: _____

Father'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: _____
Relationship

2. Phone No: _____

Relationship

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:

.....
.....
.....

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

In the likely 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, LLC 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.

.....
Director's Signature

.....
Parent's Signature