



APPLICATION FOR ENROLLMENT

Child's Name		M F	Date of Birth	Home Phone No.
Child's Address			City	State/ Zip
Start Date	Program: <input type="checkbox"/> 5 days <input type="checkbox"/> 3 days		Program Day Length: <input type="checkbox"/> Full days 6:30-6:30 <input type="checkbox"/> Academic days 8:30-3:30 <input type="checkbox"/> Partial days 8:30-12:30	
Mother's Name			Father's Name	
Cell Phone No.		Alternate Phone (Home, Cell?)		
Cell Phone No.		Alternate Phone (Home, Cell?)		
Email (receive email for newsletters Y / N statements Y / N)			Email (receive email for newsletters Y / N statements Y / N)	
Address (if different)			Address (if different)	
Place of Employment		Work No.		
Place of Employment		Work No.		
Driver's License #		State		
Driver's License #		State		
Guardian's Name		Phone No. (Cell, Home ?)		Work No.
Address		City		State Zip
Alternate Emergency Contact		Name of person to call in case of an emergency if parents/ guardian cannot be reached		
Name:		Address:		Phone No. (Cell, Home ?)
Relationship:		City	State	TXDL #
Authorized Pickups				
I hereby authorize the day care facility to allow my child to leave the facility ONLY with the following additional persons (in addition to mother, father, Guardian, and Emergency contact listed above):				
Name		Name		Name
Relationship:		Relationship:		Relationship:
Phone No. (Cell, Home ?)		Phone No. (Cell, Home ?)		Phone No. (Cell, Home ?)
TXDL #		TXDL #		TXDL #
Authorizations: Check all that apply.				
1. <input type="checkbox"/> Transportation: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give- my consent for my child to be transported and supervised by facility's staff: <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school to be released to the care of his/ her sibling under 18 years old w/ driver's license. Name _____				
2. <input type="checkbox"/> Water Activities: : I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give- my consent for my child to participate in water activities: <input type="checkbox"/> Splashing pools <input type="checkbox"/> waddling pools <input type="checkbox"/> swimming pools <input type="checkbox"/> other bodies of water provided by the facility				
3. <input type="checkbox"/> Field Trips: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give- my consent for my child to participate in field trips.				
4. <input type="checkbox"/> School Age Children: My Child attends the following school and his/her immunization record and vision & hearing is on file at the school. All Immunizations, tuberculosis, and hearing & vision tests are current.				

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Elements Montessori utilizes Family First Pediatrics and CHI St. Luke's Health-The Vintage Hospital. In the event that there is an emergency and no guardian can be contacted we will seek medical attention at one of these establishments and payment will be required by the parent.

CHILD'S PHYSICIAN	ADDRESS	Phone No.
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HEALTH INFORMATION Any health or other special situations concerning the child of which *Elements Montessori School* should be aware, such as **allergies, asthma, existing/pre-existing illnesses, etc. Please specify any dietary restrictions (Vegetarian, Vegans). Severe allergies (peanut allergies etc.) must have a written diagnosis/explanation of the allergy from your child's doctor.**

I give consent for Elements Montessori to secure necessary medical care for my child.	_____	_____
	Signature of Parent or Legal Guardian	Date

Door Access Code: Please enter a 4-digit code to use for our front door access control: _____

Parent Signature: _____ Date _____

FOR OFFICE USE ONLY:

Date App. Recd. _____

Fees Paid _____

Date Paid _____

Check No. _____

Data Entry _____

Date of Withdrawal _____