

Mona Montessori Greentree

4440 Sigma Road Farmers Branch TX 75244 – Phone:972-488-1277

Application for Admission

Child's Last name:		First Name:	
Date of Birth:		Place of Birth (City & State):	
Parent's or Guardian Names:			
Home 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"/> Guardian: <input type="checkbox"/>			
<i>Phone Numbers where Parents/Guardian can be reached while child is in care and in case of emergency:</i>			
<i>Name:</i>		<i>Phone:</i>	
<i>Name:</i>		<i>Phone:</i>	
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:			
Name Phone No. & relationship:			
EMERGENCY MEDICAL CARE: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to: The physician (Name): _____ Phone: _____ Name of Emergency Care Facility: _____ Address _____ Phone: _____ I give consent for the center to secure any and all necessary emergency medical care for my child. Signature Parent or Legal Guardian: _____			
PLEASE PROVIDE IMMUNIZATION RECORDS. IF THE CHILD IS 4 YEARS OR OLDER, WE ALSO REQUIRE HEARING AND VISION TEST RESULT REPORTS (SEE HEALTH REQUIREMENTS FORM).			
<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 and from school <input type="checkbox"/> For Emergency Care <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"/> Water activities (Table/sprinkler) play <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>I have read and agree to the Fee Schedule & T/C's</i>			
Parent (Guardian): Signature _____		Date: _____	Driver License No. _____
<i>For office use only:</i> Class: _____ Start Date: _____ Drop Date: _____ Fees (\$): _____ 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: _____			