

## ADMISSION INFORMATION

Faith Montessori House Of Children

9006 Anderson Mill Rd

Austin, Texas 78729

Telephone number: (512) 219-9191 Cell: (512) 909-0090

**Kumari Mamuhewa, Director and Owner**

Child's Name		Date of Birth	Child's Home Telephone No.	
Child's Home Address				
Date of Admission		Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name			Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:		Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of a minimum of 3 people to call in case of an emergency if parents / guardian cannot be reached:				Relationship
I hereby authorize Faith Montessori to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.				
<b>Name</b>		<b>Phone Number</b>		<b>Relationship</b>

<b>CHECK ALL THAT APPLY:</b>				
1. <input type="checkbox"/> TRANSPORTATION: Transportation will only occur in emergency situations.		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.		
		<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS: Parent's Comments:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:		
3. <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"/> sprinkler play	<input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: These are included in your Parent handbook.		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.		

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature - Parent or Legal Guardian		

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

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that a such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).