

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

SCHOOL AGE CHILDREN:

My child attends the following school:

_____ Name of School and Address _____

_____ School Ph.# _____

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to
 walk to and from school,
and/or

ride a bus,
 be released to the care of his/her
sibling(s) under 18 years old.

Name of sibling(s): _____

PARENT INITIALS

_____ I understand that the fee of _____ per month is due on the first of the month.

_____ I understand an enrollment fee of _____ is due September 1st of each year.

_____ I have been given a parent handbook and have read and agree with all policies included in the handbook.

_____ I have read and understand the guidance and discipline policy included in the handbook.

_____ I understand that I must give a one month notice before withdrawing my child(ren).

_____ I understand that I must provide a nutritious lunch in a lunch box with an ice pack included.

_____ I understand that I will be charged a late pick up fee of \$1 per minute after 6:00PM..

_____ I understand that I should not bring my child if her is sick or unable to participate.

Signature – Parent or Legal Guardian

Date