



Montessori Country Day School  
5117 LaBranch  
Houston, TX 77004

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## ENROLLMENT INFORMATION

Facility Name <b>Montessori Country Day School</b>	Owner/Director <b>Marge Ellison, Head of School</b>	Today's Date	Classroom
Child's Name	Date of Birth	_____ Male _____ Female	
Child's Address (street, city, state, zip)			
Start Date	Hours and days child will be in care		
Mother's Name	Home #		
Address (if different)	Cell #		
	Work #		
Work (name and address)	Email		
Father's Name	Home #		
Address (if different)	Cell #		
	Work #		
Work (name and address)	Email		
Name of emergency contact if parent cannot be reached	Phone	Relationship to child	
Name of emergency contact if parent cannot be reached	Phone	Relationship to child	
I hereby authorize MCDS to allow my child to leave ONLY with the following people:			

**LIST ANY SPECIAL NEEDS YOUR CHILD MAY HAVE (Allergies, Illness, Long-term medicine, etc.) Mark N/A if none.**

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b> <i>In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the MCDS representative in charge to take my child to:</i>		
Name of licensed physician	Address	Telephone
Name of hospital or clinic	Address	Telephone
<i>I give my consent for necessary emergency treatment when my child is in the care of this physician/hospital/clinic.</i>		
Signature of Parent/Guardian	Date	
<b>TRANSPORTATION:</b>		
I hereby _____ give _____ do not give my consent for my child to be transported by MCDS staff to and from extracurricular activities (e.g. swim lessons, field trips) as scheduled.		

My child's immunization record is on file at the school and all immunizations & test results are current. \_\_\_\_\_ YES \_\_\_\_\_ N/A

\_\_\_\_\_ I have read and understand the MCDS "PARENT'S HANDBOOK", with our operational policies.

*I understand that the instructors will do their utmost to safeguard the well-being of my child. I agree that Montessori Country Day School, the faculty, staff and students, will not be held responsible in case of accident.*

Signature of Parent/Guardian

Date