

Lake Hills Montessori – Admission Form

Return to: Sandra Karnstadt, Director
600 N. Cuernavaca Drive 78735
(512) 263-9342

Student Name: _____ **DOB:** _____ **Date of Admission:** _____

Home Address: _____ **City** _____ **Zip** _____

Home Phone: _____

Parent/Guardian Name/Day Phone/Driver’s License Number:

Mother/Guardian 1, Name: _____ *Phone:* _____ *DL:* _____

Father/Guardian 2, Name: _____ *Phone:* _____ *DL:* _____

Emergency Contact: Name/phone numbers to call in an emergency (if parents cannot be reached):

Name: _____ Phone: _____ Address _____

Other Adult Caregivers: I hereby authorize the LHM staff to allow my child to leave the facility with either his/her parents or one of the following persons:

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Medical History: List any special problems that your child may have such as allergies, existing illness, previous serious injuries during the past 12 months, any medications prescribed for long term conditions used, and any other information that staff should be aware of: _____

Authorization for Emergency Medical Attention: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to a medical facility or hospital of their choice.

Name of Physician: _____

Address: _____ Phone: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child:

Signature of Parent/Date

Transportation: I hereby give do not give my consent for my child to be transported by the staff or someone appointed by the staff on field trips.

Water Activities: I hereby give do not give my consent for my child to participate in water activities: (Please check all that apply) wading pools swimming pools other bodies of water

