CENTRAL MONTESSORI SCHOOL

1. ADMISSION FORM 2025-2026

GENERAL INFORMATION

Operation's Name: **Central Montessori School**
Phone: 281-254-9020
Email: admin@centralmontessorischool.org

KCPCH Member Yes No

Potty Trained Yes No

Child's Name **First** **Middle** **Last**

Child's Date of Birth

Child Lives With
Both parents, Mom , Dad, Guardian

Child's Home Address

Phone:

Date ofAdmission

Date of Withdrawal

[Parent 1]
Relationship to the Child: _____
1. Name:
2. Address:
3. Phone:
4.Email Address:

[Parent 2]
Relationship to the Child: _____
1. Name:
2. Address:
3. Phone:
4.Email Address:

Guardian's Name

Guardian's Phone

Guardian's Email Address:

Custody Documents on File
◯ Yes ◯ No

Give the name, phone number and address of the responsible individual to **call in case of an emergency** if parents/ guardians cannot be reached.
Name: Phone Number:
Address:

Relationship

I authorize the child care operation **to release** my child to leave the child care operation **ONLY** with the following persons. Please list two names and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name	Phone Number
Name	Phone Number

CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of

Does your child have diagnosed food allergies? Yes No Plan Submitted on _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that 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).

_____ _____

Signature — Parent or Legal Guardian Date Signed