



One World Montessori School

3315 El Salido Pkwy
Cedar Park, TX 78613
(512)249-0256
Director: Julia Lincycomb
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Admission Information

Child's Name: _____ DOB: _____

Home Telephone Number: _____

Child's Home Address: _____

Start Date: _____ Date of Withdrawal: _____

Hours and Days child will be in our care: _____

Parent's/Guardian's Names: _____

Mother's (or guardian's) Daytime Number: _____

Father's (or guardian's) Daytime Number: _____

Emergency Contact Info. (in the event that parents/guardians cannot be reached)

Name: _____ Relationship to child: _____

Address: _____

Phone Number: _____

If an emergency arises and none of the above contacts can be reached, I hereby give consent for my child to be transported and supervised by the operation's employees for emergency care.

Parent Signature: _____

I authorize the employee in charge to take my child to:

Name of Physician: _____ Phone: _____

Name of Emergency Medical Care Facility: _____

Address of Facility: _____

If an emergency arises and none of the emergency contacts can be reached, I would prefer for the school to call an ambulance.

Parent Signature: _____

Water Activities.

I hereby give my consent for my child to participate in the following water activities: (please initial all that apply)

___ Sprinkler Play ___ Splashing/Wading Pools ___ Water Table Play ___ Slip and Slide

I hereby authorize One World Montessori School to allow my child to be picked up from school ONLY with the following persons. (Children will only be released to a parent or a person designated by the parent/guardian after verification of I.D.)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illnesses, 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.

Parent Signature: _____ Date: _____

Email Address: _____

Childcare 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)414-0301 or (800)512-0383.