

# Cypress Creek Montessori

## Enrollment information

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Days and Hours of Care \_\_\_\_\_

Child's Address \_\_\_\_\_  
(street) (city) (zip)

Home Phone: \_\_\_\_\_

Parent's or Guardian's Name(s): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Day Phone Numbers \_\_\_\_\_  
(mother) (father) (guardian)

E-mail Address(es) \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(name and day phone #)

I hereby authorize the daycare to allow my child to leave the facility ONLY with the following persons:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(name & phone #) (name & phone #) (name & phone #)

Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months and medication prescribed for long-term continuous use, or any other information which the staff should be aware of.

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