



**Montessori House for Children**  
**PLEASE CIRCLE:**  
**Fall Session or Spring Session**

**CHILD INFORMATION**

Please complete a separate application for each child enrolling in the BUILDING BRAINS Educational Program

STUDENT NAME	AGE	BIRTH DATE
ADDRESS	CITY	STATE ZIP
TEACHER	CLASSROOM (AS OF AUGUST 2011)	

**PARENT/GUARDIAN**

PARENT OR GUARDIAN		
WORK PHONE	HOME PHONE	CELL PHONE
ADDRESS (IF DIFFERENT FROM ABOVE)	E-MAIL ADDRESS	
PARENT OR GUARDIAN		
WORK PHONE	HOME PHONE	CELL PHONE
ADDRESS (IF DIFFERENT FROM ABOVE)		

**MEDICAL INFORMATION/PERMISSION TO TREAT**

PHYSICIAN	PHONE
DENTIST	PHONE
MEDICAL INSURANCE COMPANY	POLICY NUMBER
PLEASE LIST ANY ALLERGIES AND CONDITIONS OF WHICH SHOULD BE AWARE:	
EMERGENCY CONTACT	RELATIONSHIP PHONE

When neither I nor the emergency contact listed above can be reached, I give my consent and permission for the above-named doctor to provide medical attention to my child. In the event that the doctor listed above cannot be contacted or in the event of an emergency medical treatment deemed necessary for the well-being of my child at my expense. This may include transportation to the nearest emergency room.

By signing I acknowledge the above information is correct and consent to transportation emergency

PARENT/GUARDIAN SIGNATURE	DATE
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**RELEASE AND HOLD HARMLESS AGREEMENT**

I/We consent to the participation of the student in the Building Brains Education Program activities. Although it is understood that Building Brains and its representatives intend to take all reasonable precautions with respect to all activities, parents/guardians understand that the participation of the student in the activities of the Building Brains programs involves a certain element of risk, and parents/guardians for themselves and on behalf of the student and all heirs, assigns and representatives, release Building Brains and all of its employees, trustees, officers, and agents from any and all liability that may arise out of the student's participation in Building Brains activities or that relates to this contract and agree to indemnify Building Brains and all of its employees, trustees, officers and agents from any and all liability that may arise out of the student's participation in Building Brains activities or that relates to this contract. I/We will assume full responsibility for any personal injury that might occur to the student while taking part in Building Brains activities, and will absolve Building Brains and its employees and representatives from all liability in regard to such injury.

PARENT/GUARDIAN SIGNATURE	DATE
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**Building Brains**  
**16321 Smith Street, Suite 100**  
**Houston, TX 77040**

**QUESTIONS? PLEASE CONTACT [KIM@BUILDINGBRAINS.BIZ](mailto:kim@buildingbrains.biz)**