



# 1. ADMISSION FORM 2023-2024

## GENERAL INFORMATION

Operation's Name: <b>Central Montessori School</b> Phone: 281-254-9020 Email: <a href="mailto:admin@centralmontessorischool.org">admin@centralmontessorischool.org</a>	<b>KCPCH Member</b> <input type="radio"/> Yes <input type="radio"/> No <b>Potty Trained</b> <input type="radio"/> Yes <input type="radio"/> No
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Child's Name First                      Middle                      Last	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
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Child's Home Address	Phone:	Date of Admission	Date of Withdrawal
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<b>[Parent 1]</b> Relationship to the Child: _____ 1. Name: 2. Address: 3. Phone: 4. Email Address:	<b>[Parent 2]</b> 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 <input type="radio"/> Yes <input type="radio"/> No
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Give the name, phone number and address of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached. Name: _____ Phone Number: _____ Address: _____	Relationship
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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

## HELP US KNOW YOUR CHILD FORM

Child's Full Name: \_\_\_\_\_ Name Preferred: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M / F

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

### Home Life – My child is:

- Left-handed       Right-handed       Has not yet shown a preference for left/right-handedness  
 Languages spoken at home: \_\_\_\_\_

### Social Development and Play Habits: (Check all that apply)

- Has trouble separating from parents       Has never been in preschool  
 Has been in preschool for \_\_\_\_\_ years. Left previous preschool because: \_\_\_\_\_  
 Plays well with others       Likes to play independently  
 Enjoys active, moving play       Enjoys quiet play  
 Outgoing       Shy  
 Favorite play activity: \_\_\_\_\_  
 Favorite book: \_\_\_\_\_  
 Fears: \_\_\_\_\_  
 How does your child communicate his/her needs? \_\_\_\_\_  
 Are there any special words that your child uses that might not be readily recognized? \_\_\_\_\_  
\_\_\_\_\_  
 How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?  
\_\_\_\_\_  
 When your child gets upset, what helps him/her calm down? \_\_\_\_\_  
\_\_\_\_\_

### Toileting Habits – My child:

- Is in diapers       Is in training       Can use the toilet independently  
 Uses the word \_\_\_\_\_ for needing to use the toilet.  
 How can we best help? \_\_\_\_\_

### Eating Habits – My child:

- Has a healthy appetite       Usually is not very hungry  
 Likes a variety of foods       Likes a limited number of foods  
 Is on a special diet of \_\_\_\_\_

### Sleeping Habits – My child:

- Usually takes a nap at \_\_\_\_\_ a.m. / p.m.       Does not nap       Likes to sleep with \_\_\_\_\_  
(bottle, pacifier, blanket, stuffed animal, etc.)

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Signature – Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 2. CONSENT FORM

### CONSENT INFORMATION

Check All That Apply:

**1. Transportation**

I give consent for my child to be transported and supervised by the operation's employees:

- for emergency care     
  on field trips     
  to and from home     
  to and from school

**2. Field Trips**

- I give consent for my child to participate in field trips.  
 I do not give consent for my child to participate in field trips.

Comments:

**3. Water Activities**

I give consent for my child to participate in the following water activities:

- water table play     
  sprinkler play     
  splashing/wading pools     
  swimming pools     
  aquatic playgrounds

**4. Permission**

- a. I give Central Montessori School consent to the use of photographs/video recordings taken during my child's enrollment for publicity, promotional, and educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or damages.

(I understand that by choosing NO, my child will be removed from the group before photos are taken.)

- Yes     
  No

- b. I give Central Montessori School consent to release my child's name, address, and phone number to other parents for parties and play dates.

(I understand that by choosing NO, my child may miss opportunities for play dates and birthday parties.)

- Yes     
  No

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take mychild to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

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

\_\_\_\_\_  
Signature — Parent or Legal Guardian

### 3. DISCIPLINE AND GUIDANCE POLICY FORM

#### Discipline and Guidance Policy Form 2023-2024

- Discipline must be:
  - (1) Individualized and consistent for each child;
  - (2) Appropriate to the child's level of understanding; and
  - (3) Directed toward teaching the child acceptable behavior and self-control.
  - (4) A positive method of discipline and guidance that encourages self-esteem, self-control, and self-direction, including the following:
    - (A) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
    - (B) Reminding a child of behavior expectations daily by using clear, positive statements;
    - (C) Redirecting behavior using positive statements; and
    - (D) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
  - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
  - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
  - (3) Redirecting behavior using positive statements; and
  - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
  
- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
  - (1) Corporal punishment or threats of corporal punishment;
  - (2) Punishment associated with food, naps, or toilet training;
  - (3) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Minimum Standards, Subchapter L, Discipline and Guidance, §746.2803 - §746.2807

By signature, I agree to the terms listed above.

Print Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

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



# 4. EPIDEMIC POLICY FORM

## PARENT COMMITMENT REGARDING CMS EPIDEMIC POLICIES

I, \_\_\_\_\_, parent of \_\_\_\_\_ agree to follow all precautions and procedures set forth by Central Montessori School to help keep my child, all other children, and staff safe and healthy while participating in school.

**Please initial.**

**I will:**

**1. Illness Policy**

While at school, any staff/child that develops symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrollable diarrhea, hand, foot and mouth disease or vomiting will be sent home immediately. A child who develops a temperature reading of 100 F. (37.7 C) at school will be isolated, and parents will be called. The child will return when they are fever free for 24 hours without fever-reducing medication.

\_\_\_\_\_ pick up my child within 30 minutes if he/she becomes ill while during the school day.

\_\_\_\_\_ notify the school if my child or family member contracts an illness.

**2. School Closure Policy**

CMS may be closed at any time due to:

- Inadequate staffing need to maintain minimum required ratios
- A stay-at-home order is issued by local officials
- Katy ISD issued closure

\_\_\_\_\_ agree to follow CMS School Closures.

I understand that despite all the prevention efforts by Central Montessori School, my child or family may still come in contact with current epidemics.

I understand that I am returning my child to school at risk of exposing my child and family to possible illness or disease.

I understand that outside of care, in order to control my child's exposure to the community, I will use best practices and comply with any and all state, county, and local stay-at-home orders.

I have read and agree to follow the policies and procedures as outlined in the *CMS Epidemic Policies*.

By signature, I agree to the terms listed above.

Print Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

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

Note: This signed acknowledgement form is required in each child's school file. A separate acknowledgement form is required for **each child** attending CMS.



# 5. HEALTH STATEMENT 2023-2024

Your child **cannot** attend CMS **until** this medical information form is on file. This form will only be accepted if completed by a medical professional **after May 31st, 2023**.

Child's Name: \_\_\_\_\_  
Gender:  Male  Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

### THIS SECTION TO BE COMPLETED BY PHYSICIAN

I have examined the child named on this form and find that he/she is able to participate in the preschool program at Central Montessori School. I have examined that immunization record and attest that it is a true and accurate listing. [Physician's office: Please fill out backside Vision and Hearing test results if the child on this form is 4 years old by September 1<sup>st</sup>]

Physician's Signature: \_\_\_\_\_

Date \_\_\_\_\_  
or place clinic stamp here:

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If your child is **4 years old by September 1<sup>st</sup>**, he/she **MUST** have a vision and hearing test by his/her doctor. Please provide the results on the backside of this page.

### THIS SECTION TO BE COMPLETED BY PARENTS

#### Immunization Record:

- Attached is a copy of my child's most current immunization record – record must be after **May 31, 2023**.

#### Medical History:

List any allergies: \_\_\_\_\_

**\*If your child has any food allergies, you must have a Food Allergy Emergency Action Plan completed and signed by your doctor.**

Has your child been hospitalized in the past 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your child previously suffered a serious injury/illness?  Yes  No

List all Long-term medication: \_\_\_\_\_

Is there evidence of

- Hearing loss or difficulties  Yes  No
- Visions difficulties  Yes  No
- Speech disabilities  Yes  No

Other special needs:  Yes  No

If yes, please explain: \_\_\_\_\_

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## HEARING AND VISION TEST RESULTS

**PHYSICIAN'S OFFICE:**

If the child named on this form is 4 years old by September 1<sup>st</sup>, please provide the school with the results either by filling out the table below or attaching the results to this **Health Statement**. Thank you.

<b>Vision Test</b>	R /20	L /20	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Signature:		Date:	
<b>Hearing Test</b>	1000 HZ	2000 HZ	4000 HZ
R			
L			
Signature:		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Date:			

## SCHOOL OPERATION INFORMATION

- Hours of Operation: \* **Start Time: 09:00 AM** \* **End Time: 3:00 PM**
- Days of Operation:  Mon  Tue  Wed  Thu  Fri
- School doors will open at **8:50am** in the morning, and children will dismiss at **3:00 pm** in the afternoon.
- Parents or authorized persons will use the Brightwheel app. for their child's check-in/ out each school day.
- Parents will walk their child outside of the school building for drop-off and pick-up.
- Children who are sick will not attend CMS for the duration of his/her illness. They will return when they are **fever free for 24 hours without fever-reducing medication.**
- CMS allows a 10-minute grace period for late pick-ups. **A late fee of \$15** will be billed for next month's tuition if your child is picked up between **3:10-3:30pm**. **After 3:30pm**, an additional late fee will accrue **\$1 per minute**.
- The After School program will allow a 5-minute grace period for late pick-ups. **After 5:05pm**, a **\$1 per minute** charge will accrue.

## TUITION INFORMATION

- Monthly Tuition is NON-REFUNDABLE.**
  - \* Pre-K: \$ 750
  - \* 3 Years and older: \$750 (Not fully potty trained: \$770) \* 2 Years: \$790 \* 18-24 Months: \$850
- Registration Fee: **\$200** **Deposit is not required any more.** **Registration Fee is NON-REFUNDABLE.**
- 5% discount for KCPCH members + 5% discount for tuition paid in full + 5% discount for sibling
- After School: 3:00pm – 5:00pm
  - \* Pre-K: \$250
  - \* 3 Years and older: \$250 (Not fully potty trained: \$270) \* 2 Years: \$270 \* 18-24 Months: \$280
- Early Drop Off: 8:00am - 9:00am
  - \* Pre-K: \$150
  - \* 3 Years and older: \$160 (Not fully potty trained: \$175) \* 2 Years: \$165 \* 18-24 Months: \$170
- The monthly tuition should be paid before the 1<sup>st</sup> of any month begins.** A payment received after the 1<sup>st</sup> of any month begins will be considered late and subject to late fees. **A 1% late fee** will be added to the account for **each school day**. **A \$25 fee** will be added for all **returned checks**.
- Any absence from school must still be paid at child's normal tuition rate** even if the child is absent due to sickness, vacation, or any other reasons, because tuition is charged for my child's spot in the class rather than attendance.

## SUPPLIES LIST

Please **label your child's name** clearly and individually on ALL belongings.

Students are required to bring:

- \* a standard-sized backpack
- \* a separate container with individual snack
- \* a package of diaper wipes and wet wipes for children
- \* personal hand sanitizer
- \* complete change of clothes in a Ziploc bag: a shirt, pants/shorts, underwear, and socks
- \* a water bottle
- \* a separate container with individual lunch
- \* a package of disposable paper napkin