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]	**[Parent 2]**	
Relationship to the Child: _____	Relationship to the Child: _____	Guardian's Name
1. Name:	1. Name:	Guardian's Phone
2. Address:	2. Address:	Guardian's Email Address:
3. Phone:	3. Phone:	Custody Documents on File
4.Email Address:	4.Email Address:	◯ 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

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? _____
- Has a healthy appetite Usually is not very hungry
- Likes a variety of foods Likes a limited number of foods

Eating Habits – My child:

- 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:** _____

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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 ( ) 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. **Note: Please refer to the Media Consent Form for details**.

( ) 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 playdates.

(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 my child 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

CENTRAL MONTESSORI SCHOOL

3. DISCIPLINE AND GUIDANCE POLICY FORM

Discipline and Guidance Policy Form 2025 - 2026

- 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: _____

CENTRAL MONTESSORI SCHOOL

4. ILLNESS POLICY FORM

PARENT COMMITMENT REGARDING CMS ILLNESS 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 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.

Please Contact the Office for Details.

CMS SUPPLIES LIST

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

Students are required to bring:

* 1 backpack
* A bag of diapers (if the child wears diapers)
* 2 packs of wet wipes
* 1 bottle of hand sanitizer
* 100-count of disposable paper napkins for lunch and snack placement
* 1 reusable water bottle (labeled with name)
* 1 individual lunch (if you don't order school lunch)
* Snacks and lunchtime are important opportunities for children to learn rules to build self-confidence and independence. Please pay attention to these guidelines.

    1. Please use lunch and water containers your child can open and close easily.
    2. Please prepare small-sized food that your child can easily pick up with their spoon or fork.

* Change of clothes in a Ziploc bag: 1 shirt, 2 pants/shorts, 3 underwear, and 2 pairs of socks
* Closed-toe shoes (Crocs, sandals, and slippers are not recommended)

Please Contact the Office for Details.

CENTRAL MONTESSORI SCHOOL

5. HEALTH STATEMENT 2025-2026

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, 2025**

Child's Name: _____ Birth Date: _____/ _____/ _____
mm dd yyyy

Gender: ( ) Male ( ) Female

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 Signature: _____ Date_____

or place clinic stamp here:

Physician's Name: _____

Phone Number: _____

Address: _____

If your child is **4 years old by September 1st**, 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, 2024**

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 or above, please provide the school with this form. If the child turns 4 years in the middle of the school year, the form will be due a month from their birthday date.

Vision Test	R /20	L /20	• PASS • FAIL
Signature: Date:			
Hearing Test	1000 HZ	2000 HZ	4000 HZ
R			
L			
	• PASS	• FAIL	
Signature: Date:			