CENTRAL MONTESSORI SCHOOL

1. ADMISSION FORM 2026-2027

GENERAL INFORMATION

Operation's Name: Central Montessori School Phone: 281-254-9020 Email: admin@centralmontessorischool.org	**KCPCH Member** Yes No	**Fully 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 of Admission** / 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

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 numbers 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. **Contact must be someone other than a parent/guardian.**

Name:	Phone Number:
Name:	Phone Number:

Give the name, phone number, and address of the responsible individual to call in case of an emergency if parents/ guardians cannot be reached. **Contact can be someone listed above**

Name: **Phone Number:**

Address:

Relationship:

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**

2026-2027 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: (Circle 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.)

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).

_____ _____

Parent/Guardian Signature **Date**

CENTRAL MONTESSORI SCHOOL

2. 2026-2027 SCHOOL OPERATION POLICY & TUITION INFO.

SCHOOL OPERATION POLICY

1. School Hours: Mon - Fri 9:00 AM-3:00 PM
Early Care 8:00 AM (7:00 AM) – 9:00 AM / After School 3:00 PM - 5:00 PM (6:00 PM)

2. Morning Arrival

- Parents will walk their child outside of the school building for drop-off and pick-up.
- Parents or authorized persons will use the Brightwheel app. for their child's check-in/ out each school day.
- 8:50–9:05 a.m. – School doors are open for arrival.
- After 9:05 a.m. – Tardy (Ring the front doorbell. A staff member will escort the child inside.)
- After 9:15 a.m. – Tardy Form required (3 Tardy Forms in one month may require a Director meeting.)
- Report absences through Brightwheel by 8:45 AM.

3. Afternoon Dismissal

- 3:00 p.m. – Regular dismissal.
- 2:30 p.m. – Director approval required. Once approved, the dismissal schedule must remain consistent for the semester and may not alternate between 2:30 p.m. and 3:00 p.m.
- Early pick-up during regular school hours (9:00 a.m.–3:00 p.m.) is prohibited for personal convenience and is permitted only for unavoidable circumstances with advance Director approval.

4. Late Pick-Up

- 3:10–3:30 p.m. – $15 late pick-up fee
- After 3:30 p.m. – Additional $1 per minute
- After 5:01 p.m. *(or 6:01 p.m. for the extended After School program)* – $1 per minute
- Three late pick-ups within one semester may result in discontinuation of enrollment.

5. Dress Code

- Monday: School uniform shirt with khaki or navy bottoms.
- Friday: School Spirit Shirt.
- If there is no school on Monday or Friday, Uniform Day moves to Tuesday, and Spirit Shirt Day moves to Thursday.

6. Fever: Return after 24 hours fever-free without fever-reducing medication.

TUITION INFORMATION

1. Monthly Tuition is NON-REFUNDABLE.
2. * 3 Years and older: $800 (Not fully potty trained: $830) * 2 Years (24-35 Months): $860 *18 - 23 months: $920
3. Registration Fee: $200 Registration Fee is NON-REFUNDABLE.
4. Montessori Material Maintenance Fee: $200
   (One-time Fee Per Year: Material Maintenance Fee is NON-REFUNDABLE once school has started.)
5. 5% discount for KCPCH members + 5% discount for siblings (applied for first child)
   These discounts are not applicable for early/after/additional childcare programs (Summer camp, etc)
6. Every month, a full payment of tuition will be required regardless of sickness, vacation, or any other reasons, including Winter break in December & Thanksgiving, & Spring break in March, because tuition is charged for my child's spot in the class rather than attendance. For first-time enrollments only, tuition will be prorated.
7. Students enrolling in January receive a 30% discount on the Registration Fee and Montessori Maintenance Fee for the following school year.
8. Early Drop off & After School, Refer to the Tuition Flyer for details.
9. Tuition is due by the 30th of the preceding month. A $10 late fee applies

CMS SUPPLIES LIST

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

Students are required to bring:

* For Toddler Class: Cloth underwear/ training underwear (No pull-ups)
* 1 bottle of hand sanitizer
* For Primary Class: 1 pack of color pencils including pink (for Montessori continent map)
* 1 reusable water bottle
* 1 individual lunch (if school lunch is not ordered)
* 2 packs of wet wipes
* 2 bottle of kid-friendly bug repellant
* 5 pack of cloth napkins
* Closed-toe shoes (Crocs, sandals, boots, flip flops and slippers are not recommended)
* Change of clothes in a Ziploc bag: 1 shirt, 2 pants/shorts, 3 pairs of underwear, and 2 pairs of socks

(All clothing and items must be labeled with the child's full name not only on the bag it was given in, but also on each tag of the child's clothing)

*** In Montessori education, we strive to foster children's independence, which is one of the Sensitive Periods for young children. To support this, please choose snack boxes and lunch containers that are easy for children to open and close on their own. Small-sized food that your child can easily pick up with a spoon or fork is also recommended. Regarding shoes, although children practice tying shoelaces, such as bow ties, through the Practical Life Dressing Frames activity, until they fully develop this skill, please provide shoes that are easy for them to put on and take off by themselves to build up their independence. ***

CENTRAL MONTESSORI SCHOOL

3. 2026-2027 SCHOOL UNIFORM & SUPPLY ORDER FORM

Every Monday, students are **required to wear a school uniform** shirt with khaki or navy bottoms (pants, shorts, skirts, etc.). **Every Friday**, students are **required to wear a School Spirit Shirt**. Students may wear any school-appropriate bottoms.

Student Name: _____ **Age:** _____

ITEM	Price	Size (Please circle the size)	How many	Total
Spirit Shirts	$15	2T, 3T, 4T, 5T, 6T, 7T		
Short Sleeves School Uniform shirts	$30	2T, 3T, 4T, 5T, 6T, 7T		
Long Sleeves School Uniform shirts	$30	3T, 4T, 5T, 6T, 7T		

Sub total $ _____

Naptime students ONLY

ITEM	Price	Size	How many	Total
Blanket	$15	One Size		
Pad	$25	One Size		

Sub total $ _____

Total $ _____

CENTRAL MONTESSORI SCHOOL

4. 2026-2027 Early Drop Off & After School Registration Form

Student Name: _____ Age: _____ Potty Trained: *Yes / No*

Please *circle* that your *child* needs to register.

***A day fee**:* Early Drop off(8:00-9:00am): $20

Afterschool(3:00-5:00pm): $30

- **Early Drop Off *8:00 AM - 9:00 AM* (1 hour)**

Early Drop Off	2 days/T,TH	3 days/M,W,F	5 days/M - F
3yrs and above	65	95	140
3yrs and above (Not fully potty trained)	75	105	150
2 yrs (24-35 months)	85	115	160
18-23 months	95	125	170

- **Early Drop Off *7:00 AM - 9:00 AM* (2 hours)**

Early Drop Off	2 days/T,TH	3 days/M,W,F	5 days/M - F
3yrs and above	120	165	240
3yrs and above(Not fully potty trained)	130	185	260
2 yrs (24-35 months)	140	200	280
18-23 months	150	220	300

- **Afterschool *3:00 PM – 5:00 PM* (2 hours)**

Afterschool	2 days/T,TH	3 days/M,W,F	5 days/M - F
3yrs and above	110	160	280
3yrs and above (Not fully potty trained)	120	170	290
2 yrs (24-35 months)	130	180	300
18-23 months	140	190	310

- **Afterschool *3:00 PM – 6:00 PM* (3 hours)**

Afterschool	2 days/T,TH	3 days/M,W,F	5 days/M - F
3yrs and above	130	200	330
3yrs and above (Not fully potty trained)	140	210	340
2 yrs (24-35 months)	150	220	350
18-23 months	160	230	360

Tuition: $_____

CENTRAL MONTESSORI SCHOOL

5. CONSENT FORM

2026-2027 CONSENT INFORMATION

Child's Name: _____

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. I do this with full knowledge and consent and waive all claims for compensation for use or damages.

( ) 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 Emergency Care Facility (If not available, the office will add the local Emergency Room)

_____

Name of Physician. Address. Phone Number

_____

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

_____ _____

Parent/Guardian Signature **Date**

CENTRAL MONTESSORI SCHOOL

6. DISCIPLINE AND GUIDANCE POLICY FORM

2026 - 2027 Discipline and Guidance Policy Form

Texas Minimum Standards, Subchapter L, Discipline and Guidance, §746.2803 - §746.2806

- 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 on 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 an instrument;
  5. Putting anything in or on a child's 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, Division 4, Operational Policies §746.501 a(8), Technical Assistance

While CMS supports individualized learning, it is still a shared learning environment. If a child's needs exceed what the school can reasonably support, temporary suspension may be implemented when necessary to ensure the safety and well-being of all students.

The School Director may retain the right to dis-enroll a child when that is in the best interest of the child or other children at the center.

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

7. ILLNESS POLICY FORM

2026-2027 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**
   - _____ If my child becomes ill at school, I understand that I will be contacted and must pick up my child within one hour. If I am unable to do so, it is my responsibility to arrange for an authorized person to pick up my child within one hour.
   - _____ I understand that if my child is sent home with a fever (100°F or higher), he/she may not return to school until being fever-free for at least 24 hours without the use of fever-reducing medication.
   - _____ I understand that if my child is sent home due to a suspected communicable disease, a physician's note stating that my child may return to school is required before re-entry.
   - _____ I agree to notify the school if my child is diagnosed with a communicable disease.

2. **School Closure Policy**

Central Montessori School (CMS) may temporarily close or modify its operations due to circumstances, including, but not limited to:

- Insufficient staffing to maintain required child-to-teacher ratios.
- Severe weather or other emergency conditions.
- Public health concerns, communicable disease outbreaks, or other health-related emergencies.
- Orders, recommendations, or emergency declarations issued by local, state, or federal authorities.
- School closures or emergency closures announced by Katy ISD or other circumstances affecting safe school operations.
- I understand that, despite all reasonable health and safety measures implemented by Central Montessori School, my child or family may still be exposed to illness or communicable diseases.
- I understand that during a public health emergency, CMS may implement additional health and safety procedures in accordance with applicable government requirements or school policies, and I agree to comply with those procedures.

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.

8. 2026-2027 HEALTH STATEMENT

(WITHOUT THIS FORM, THE CHILD WILL NOT BE ABLE TO ENROLL)

This form will only be accepted if completed by a medical professional **after May 31st, 2026.**

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: _____

THIS SECTION TO BE COMPLETED BY PARENTS

Immunization Record
Attached is a copy of my child's most current immunization record or a signed affidavit.

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:_____

CENTRAL MONTESSORI SCHOOL

HEARING AND VISION TEST RESULTS

If the child named on this form is **4 years old or above** by September 1st, 2026, please provide the school with the vision/hearing form attached below. If the child turns 4 years old in the middle of the school year, the form will be due a month from their birthday date.

THIS SECTION TO BE COMPLETED BY PHYSICIAN

Child's Name: _____

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

****If your child does not have any food allergies, no further action is required.****

Central Montessori School
2026-2027 Food Allergy Emergency Action Plan

Dear Parent of _____,

Upon receipt of *the* ***Health Statement Form*** for your child, it was noted that your child has food allergies. Allergies of this type can be serious, so we request that you provide a description of the reaction your child experiences in the space provided below.

Severe food allergy means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Food	Description of Reaction (Symptoms)	Life-Threatening?

Attached to this letter is the form that will give us the necessary information and authorization to treat your child in an emergency.

Food Allergy Emergency Action Plan – Should be on file for every student with a severe allergy. Must be updated and signed by the doctor every school year.

Your child's supplies should include: Epi-pen with prescription label on it and antihistamine (such as Benadryl), if your child's plan calls for it. Please review the expiration dates on these medications.

If we do not have these forms and supplies on hand and your child has a serious reaction, we may need to call 911 to ensure your child's safety. Parents will be responsible for the medical bill.

Parent/Guardian's Signature _____ **Date**: _____

Central Montessori School
2026-2027 Food Allergy Emergency Action Plan

Student's Name: _____ **Birth Date:** _____

Allergies: _____

Asthma ☐ Yes *(high risk for severe reaction)* ☐ No

Extremely reactive to the following foods: _____

THEREFORE:

☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.

☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG:	Short of breath, wheeze, repetitive cough
HEART:	Pale, blue, faint, weak pulse, dizzy, confused
THROAT:	Tight, hoarse, trouble breathing/swallowing
MOUTH:	Obstructive swelling (tongue and/or lips)
SKIN:	Many hives over body

Or **combination** of symptoms from different body areas:

SKIN:	Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT:	Vomiting, diarrhea, crampy pain

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
   -Antihistamine
   -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH:	Itchy mouth
SKIN:	A few hives around mouth/face, mild itch
GUT:	Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring

Medications/Doses

Epinephrine (brand and dose):

_____

Antihistamine (brand and dose):

_____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Call 911 or rescue squad (before calling contact)

Contacts: Doctor # _____ Parents # _____

Emergency # _____ Name: _____

Emergency # _____ Name: _____

Parent/Guardian's Signature _____ **Date:** _____

Doctor's Signature (Required): _____ **Date:** _____

Central Montessori School

2026-2027 Family Handbook Acknowledgement Form I

As a parent/guardian of a Central Montessori School student, I acknowledge that I have received, read, and understand the Central Montessori School Parent Handbook. I agree to follow and uphold the policies outlined in the handbook and know that I will be notified of any changes. I agree to the following policies outlined below and will initial next to each section to confirm my understanding and Compliance.

1. _____ **Mandatory Dress Code:** Every Monday, students are required to wear the school uniform shirt. Bottoms should be navy or khaki. If Monday is a holiday, the next school day will be designated as Uniform Day. On Fridays, students are required to wear the Spirit Shirt. If Friday is a holiday, Thursday will be designated as Spirit Shirt day. Light-up shoes are not permitted (See Policy 18.1)

2. _____ **Arrival Policy:** I acknowledge that the school doors are open for arrival from 8:50 a.m to 9:05 a.m. Arrival ends at 9:05 a.m, and my child will be considered tardy after that time. Parents arriving after this time must ring the front door bell, and a staff member will escort the child into the school (See Policy 15).

3. _____ **Early Drop-off**: I acknowledge that if my child is enrolled in Early Drop-Off, he or she may arrive anytime between the registered drop-off time and 8:50 a.m. After 8:50 a.m., all Early Drop-Off children must be dropped off at the front door to follow the regular school arrival procedures. (See Policy 15.2).

4. _____ **Tardy Policy:** For any arrivals after 9:15 a.m., a Tardy Form must be completed by parents. After three tardy forms are signed within one month, a meeting with the School Director will be required. (See Policy 15.1.)

5. _____ **Notification of Absence:** I will notify the school by 8:45 a.m. if my child will be absent. Repeated instances of absences (three or more arrivals within a month) without a legitimate reason may lead to dismissal (See Policy 15.3).

6. _____ **Regular Dismissal Time:** I understand that my child's regular dismissal time must be either 3:00 p.m. or an approved 2:30 p.m. A 2:30 p.m. dismissal requires Director approval and a legitimate ongoing need. Once established, the dismissal schedule must remain consistent and may not vary by day of the week (e.g., 2:30 p.m. on some days and 3:00 p.m. on others) (See Policy 16.1).

7. _____ **Prohibition of Early Pick-Up During Regular School Hours** (9:00 a.m. - 3:00 p.m.)**:** Early pick-up for personal convenience during regular school hours is prohibited. Early pick-up may be permitted only in unavoidable circumstances, such as medical appointments, travel, or other legitimate reasons. Requests must be submitted to the school by email or Brightwheel message to the administration and must be approved in advance by the School Director. (See Policy 16.2).

8. _____ **Health Check:** When a child arrives at school in the morning, the teacher may conduct a health check. If the child's temperature is 100°F or higher, I understand that my child will have to return home and may re-enter the school after being fever-free for 24 hours without medication (See Policy 15.2).

9. _____ **Illness Policy:** If my child exhibits symptoms of illness, such as a fever of 100°F or higher, vomiting, or diarrhea, etc. I will be called to pick up my child within an hour. If I am not able to pick up my child within one hour, I must arrange for someone else to pick up the child within one hour. It is my responsibility to ensure my child is picked up within one hour. My child must also be symptom-free for at least 24 hours without medication before coming to school. In cases where a teacher or staff member believes the child is still too ill to participate in the program, the School Director reserves the right to refuse re-entry until the child is deemed well enough to return (See Policy 22.4).

10. _____ **Communicable Disease Policy:** If my child is showing symptoms of a communicable disease, I will be called to pick up my child within one hour. If I am not able to pick up my child within one hour, I must arrange for someone else to pick up the child within one hour. It is my responsibility to ensure my child is picked up within one hour. If my child is diagnosed with a communicable disease, I must notify the School Director. A doctor's note confirming that my child is no longer contagious is mandatory for re-entry into the school, and my child must also be symptom-free for at least 24 hours without medication (See Policy 22.5).

11. _____ **Potty-Training Policy:** In Primary Classes, I acknowledge that my child must be potty trained by October 1st. For the Toddler Classes, students are not required to be potty trained (See Policy 18.12).

12. _____ **Birthday Celebration Policy:** I acknowledge that CMS does not hold formal birthday parties. In Primary class, children participate in the Montessori Birthday Walk. Only with a teacher's request am I invited to join them. In Toddler class, there is no Montessori Birthday Walk. Instead, students are recognized with a birthday song and special acknowledgment by their classmates and teachers (See Policy 10).

13. _____ **Classroom Food and Treat Sharing Policy**: I acknowledge that all treats brought to school must be commercially packaged and labeled with ingredients. Candy and treats with icing or frosting are not permitted. Birthday cake should have little to no icing. Goodie bags should not contain chocolate or candy. Small cupcakes and muffins are preferred (See Policy 18.11).

14. _____ **Parent/Teacher Communication:** I will use the Brightwheel app as the primary method of contact. If I email teachers, I will ensure the administration team is CC'd in all communications (See Policy 19.2).

15. _____ **Lunch and Snack:** If I don't order school catering, I will pack lunches that my child can eat independently. Teachers are not responsible for feeding students or microwaving food. Snack boxes and lunch containers must be easy for my child to open independently (See Policy 18.8).

16._____ **Nut-Free Policy:** Central Montessori School is a nut-free school. I will consult with the teacher about any additional allergies in the class (See Policy 22.8).

17._____ **Items from Home:** All personal items, including extra clothes must be labeled by the tag, not only the bag they come in. Toys, electronics, and valuables (such as jewelry) are not allowed unless requested for educational purposes. I understand that Central Montessori School is not responsible for any lost, damaged, or stolen valuables (See Policy 25.1).

18._____ **Updating Admission Information:** I acknowledge that it is my responsibility to update my child's information at school by emailing the office. Failure to submit these documents or provide updated immunization records may result in my child's disenrollment (See Policy 6).

19._____ **Vision Hearing Screening:** I acknowledge that it is my responsibility to submit the required hearing and vision screening if my child turns four years old in the middle of the year. It will be due a month from my child's birthday date (See Policy 22.17).

20. _____ **Behavioral Support Limitations and Enrollment Decisions:** I acknowledge that Central Montessori School uses Positive Discipline and Montessori-based guidance techniques. And I agree to partner with staff in addressing behavioral concerns. I understand that while Central Montessori School supports individualized learning, it is still a shared learning environment. If my child's needs exceed what the school can reasonably support, temporary suspension/dismissal may be implemented (See Policy 23.2).

21._____ **Dismissal Policy:** I acknowledge that Central Montessori School reserves the right to dismiss any student from the program at any time, at its sole discretion, if it is determined to be in the best interest of the child, the classroom, or the school community (See Policy 12).

By signing this form, I agree to comply with all the policies outlined in the Central Montessori School Parent Handbook for the 2026-2027 school year.

Child's Name: _____ **Date:** _____

Parent/Guardian Signature: _____

Central Montessori School (FINANCIAL AGREEMENT)

2026-2027 Family Handbook Acknowledgement Form II

1. _____ **Monthly Tuition:** All monthly tuition must be paid in full. Monthly tuition is not reduced, prorated, refunded, or credited for holidays, school breaks, professional development days, emergency closures, or other scheduled or unscheduled school closures. Tuition is only prorated for the first month of enrollment (Policy 7.2).

2. _____ **School Calendar:** Central Montessori School follows the Katy Independent School District calendar for holidays and emergency closings. No refunds or make-up days will be provided for missed days due to emergency closures (Policy 17.2).

3. _____ **Holidays & Absences:** Tuition is required to be paid at the regular rate regardless of any absences from school, whether due to sickness, vacation, or breaks, or any other reason, including Thanksgiving Break, Winter Break, Spring Break, Professional Development, and other federal holidays. This policy is in place as the tuition serves to reserve your child's spot in the class and is not contingent on their attendance (Policy 7.3).

4. _____ **Additional Childcare:** Childcare during school breaks, including Thanksgiving Break, Winter Break, and Spring Break, may be offered based on parent requests and teacher availability. If there is sufficient interest from families and staffing is available, childcare services will be opened for an additional charge (Policy 7.4).

5. _____ **Tuition and Fees**: Tuition is due by the 30th of the preceding month. A $10 late fee applies (Policy 7.2).

6. _____ **Late Pick-Up Policy:** A $15 late pick-up fee will be charged for children picked up between 3:10 p.m. and 3:30 p.m. After 3:30 p.m., an additional fee of $1 per minute will apply. For after-school care, late fees begin at 5:01 p.m. (or 6:01 p.m. for the later session) at a rate of $1 per minute. Enrollment may be discontinued after three late pick-up occurrences within one semester. Parents are responsible for ensuring that they, or an authorized individual listed on the emergency pick-up form, are available to pick up their child on time (Policy 16.3).

7. _____ **Withdrawal Policy:** A 30-day written notice is required to withdraw, or an additional month of tuition will be charged (Policy 13).

8. _____ **Discounts:** Central Montessori School offers a 5% discount for members of KCPCH and a 5% sibling discount. The sibling discount applies only to the oldest enrolled child. These discounts apply to regular tuition only and do not apply to fees, Montessori maintenance fee, early care, after care, any extra childcare, summer camp, or any other supply fees (Policy 7.5).

9. _____ **Second Semester Registration:** Students enrolling in January will receive a 30% discount on the Registration and Montessori Material Maintenance fees for the following school year (Policy 7.5).

10. _____ **Uniform/spirit shirts and Cot Pad/Blanket:** They will be in a separate invoice (Policy 7.1).

I have read and understood the school's Admission Form in full. I am aware of and accept the tuition rates, payment policies, and any applicable fees as outlined by the school. By signing this form, I agree to comply with all financial policies as stated by the school.

Child's Name: _____ **Date:** _____

Parent/Guardian Signature: _____