

1. ADMISSION FORM 2021-2022

GENERAL INFORMATION

Operation's Name Central Montessori School		Director's Name	
Child's Full Name	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	
Child's Home Address		Date of Admission	Date of Withdrawal
[Parent 1] 1.Name: 2.Telephone No.: 3.Email Address:	[Parent 2] 1.Name: 2.Telephone No. 3.Email Address:	Guardian's Name Guardian's Telephone No. Guardian's Email Address: Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No	
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name 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		
Name	Phone Number		

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

5. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- Discipline and guidance
- Suspension and expulsion
- Emergency plans
- Procedures for conducting health checks
- Safe sleep
- Procedures for parents to discuss concerns with the director
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements for children
- Meals and food service practices
- Procedures to visit the center without securing prior approval
- Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

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

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 2021-2022

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:

- 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 Is independent in using the toilet
 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: _____

DISCIPLINE AND GUIDANCE POLICY FORM 2021-2022

- 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: _____

FAMILY HANDBOOK ACKNOWLEDGEMENT FORM 2021-2022

As a parent of Central Montessori School (CMS), I acknowledge that I have received, read and understand the contents of the CMS Family Handbook. I agree to abide by the policies outlined in the CMS Family Handbook. I understand that I will be notified of any changes in policies and/or procedures.

For further clarification, **I DO** agree on the CMS operational policies below.

School doors will open at 8:50am and classes will begin at 9:05am. Parents must sign their child in daily. Students will be dropped off from their car, receive a temperature check, including an overall health screen, and use hand sanitizer before entering their classrooms. A teacher will escort students into their classrooms. Parents will no longer be allowed into the school building due to the ongoing COVID-19 pandemic.

The end of the day at CMS is 2:30pm, but car pick-ups will begin at 2:20pm. Parents will drive through the undercover area and a teacher will escort their child to their car. Parents who wish to pick up their child before 2:15pm will have to call the school office (281-254-9020) and a teacher will bring their child out to their car.

Only parents and authorized persons must sign their child out at pick-up time.

Children who are sick (i.e. fever, vomiting, contagious disease, diarrhea, COVID-19 symptoms, etc.) 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 and/or must not have vomited in the previous 24 hours and/or have a doctor's note.

Parents must notify CMS if their child will be absent from school, specifically with COVID-19 symptoms/exposures. Students with a CONFIRMED case of Covid-19 will have to test NEGATIVE before returning to school.

In the event of an emergency, CMS will make every effort to contact the child's parent and those on the *Authorization/Emergency Contact* list. If parents/emergency contacts cannot be reached, the CMS staff members are authorized to act, according to their best judgement in an emergency requiring medical care.

I have read and agree to follow the policies and procedures as outlined in the *CMS Epidemic/Pandemic Policies (including COVID-19)*.

Parents must provide personal information and the information their child's needs (allergies, diet, disabilities, and/or medical information) to CMS. All information is complete and accurate. Parents agree to review and notify CMS immediately whenever changes occur.

Parents understand that CMS is a Christ-centered nurturing environment and consent to their child learning God's Word and singing praises to Him every day to mature their child's spiritual walk with Jesus.

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.

CMS Epidemic/Pandemic Policies (including COVID-19)

Central Montessori School strives to provide the best learning environment to all children, families, and staff while attending school. This includes the health and well-being of everyone involved. Please read the following policies and procedures that will be put in place during possible community epidemic or world-wide pandemics, including COVID-19. These policies are based on recommendations and guidelines from local health officials, state licensing agencies, and the CDC. CMS Board and administration will adjust and discontinue portions of the policies as things improve and as recommended by local health officials.

1. Staff and Student Pre-Screening:

All staff and students will pre-screen for COVID-19 symptoms daily and individuals with symptoms prior to arrival will be asked not to attend. Staff will be required to complete a self-screening process prior to entering school, and the school may require further screening of staff at any time based on current state and federal guidelines. Re-checks may also happen throughout the day. Each day's health screening will include temperature checks, visual checks for any signs of illness, and sanitizing hands before entering classrooms.

2. Parents' Pre-Screening:

Parents must pre-screen their children for COVID-19 symptoms each day prior to sending them to school. Symptoms include:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Any other symptoms of new epidemics
- Exposure to someone who has tested positive for illness (ie: COVID-19)

Parents will need to take their child's temperature daily. Parents are asked to help educate their children in proper mouth covering when coughing and sneezing, hand washing, discouraging children from physically touching other friends, and providing changes of clothes as children will not be allowed to share clothes due to accidents at school. Parents must ensure they do not send a child to school if the child has a confirmed case of COVID-19.

3. Illness Policy

Parents must immediately email/call the school of any illness. Parents should also be available to pick up an ill child from school within 30 minutes of a phone call. We ask that parents and staff inform the school of any personal family/social exposure. Also, staff/student that has close contact (exposed) with someone diagnosed with an epidemic/pandemic illness must complete the requirements for returning. Requirements for returning are as follows:

- Improved symptoms (cough, difficulty breathing, etc.)
- 7 days have passed since symptoms began
- Negative result from COVID-19 test
- No household member is awaiting COVID-19 test results or is awaiting their own test results

If there is a positive case of COVID-19 in a staff/child who has been present at CMS, we will inform the Harris County Health Department. Any staff/child diagnosed with an epidemic/pandemic illness must submit proof of testing NEGATIVE.

4. Precaution Practices

The following precaution practices will take place to the best of our ability.

- All staff are required to receive additional training related to COVID-19
- Staff will help students learn proper mouth covering when coughing or sneezing, proper hand washing procedures, discourage physical touching and practice social distancing to the best of our ability
- Staff-student ratios have always been kept well below the Texas Child Care Minimum Standards and this policy will continue
- Children will not share food, drinks, clothing, or other personal items within the classroom

- No show and tell or other items from home will be allowed until further notification
- School events and class parties might need to be altered, cancelled or postponed
- Due to restrictions on mixed and large group gatherings, Music and French classes will be postponed until further notification
- Staff will limit the use of shared supplies but will sanitize after each student's use to prevent cross-contamination as much as possible

5. Personal Protective Equipment (PPE)/Face Covering

CDC recommends that one of the most effective measures to prevent the spread COVID-19 includes the use of facemasks. All staff will be required to wear a facemask throughout the school day. Students over the age of three will be strongly encouraged to wear a face mask during the school day.

6. Hand Washing and Disinfecting Expectations

Frequent hand washing/sanitization will be required to ensure the most optimal healthy and safe school environment for all staff and students. Hand sanitizers will be available throughout the school (main entry, sanctuary, classrooms, hallways). Staff/students will be expected to wash/sanitize their hands regularly. Staff will use disinfectant solutions to sanitize areas that are in high use and touched frequently. Daily and multiple routine cleaning will be implemented throughout the school day, especially in high use areas (door handles, buttons, tables, chairs, bathrooms, sinks).

7. Staff/Student Tests Positive for COVID-19:

Staff/student with a confirmed case of COVID-19 will not be allowed to return to school without a NEGATIVE result. All household members associated with the staff/student with a confirmed case will also need to test NEGATIVE to return to school.

Any staff/child that develops symptoms of a current epidemic/pandemic illness while at school will be sent home immediately and the following steps will be taken:

- Ill person will be isolated, and parents called
- All areas where the ill staff/student had contact will be disinfected

8. School Closures

CMS may be closed at any time due to:

- Adequate staffing is not available to maintain minimum required ratios
- A stay-at-home order is issued by local officials
- Katy ISD issued closure

9. Epidemic/Pandemic Tuition Policy:

In the event of a 2-week or less classroom or school closure due to a current epidemic/pandemic, tuition and other fee amounts are due on regular due dates. Online learning may begin after 1 week. In the event of more than a 2-week class/school closure due to a current epidemic/pandemic, 1/2 of tuition will be due until school reopens. Other fees will be due at regular amounts. Tuition must be paid as scheduled for your child to remain in the class. Previous tuition policies outlined in the *Family Handbook* will be followed during non-epidemic/pandemic situations including absences due to illness, vacations or other school closures.

PARENT COMMITMENT REGARDING CMS EPIDEMIC/ PANDEMIC POLICIES (INCLUDING COVID-19)

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:

_____ keep my child home if he/she has any fever and/or signs or symptoms of illness.

_____ agree to have my child and/or myself screened before entering the building.

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

_____ complete the requirements for returning to school if my child is ill or has exposure to any illness.

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

_____ help teach my child proper mouth covering and hand washing.

_____ abide by the tuition policies as they are enacted.

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

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/Pandemic Policies (including COVID-19)*.

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.

COVID-19

Yes, I fully understand that as my child's legal guardian, I am choosing to send my child to participate in learning at CMS in-person. I also fully understand that even while CMS staff members are doing everything they can to clean, sanitize, and disinfect all areas of the school, due to the ongoing pandemic of COVID-19, my child is still at risk of exposure to COVID-19. It will be my responsibility to check and monitor my child's (and our family's) health conditions and keep my child at home for any COVID-19 symptoms. I will notify the school immediately of any illnesses in my child (and family). I accept that CMS staff members can call anytime for me to pick up my child for any health concerns they may have.

Signature – Parent or Legal Guardian

Date



3. HEALTH STATEMENT 2021-2022

Your child **cannot** attend CMS **until** this completed and signed medical information is on file. This form must be signed and dated **after January 1, 2022.**

Child's Name: _____ Birth Date: ____/____/____
Gender: M / F 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 the 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 1st.)

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 30, 2021.

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
If yes, please explain: _____

List all long-term medication: _____

Is there evidence of:

- Hearing loss or difficulties yes no
- Vision difficulties yes no
- Speech disabilities yes no

Other special needs: yes no
If yes, please explain: _____

Signature of Parent/Guardian: _____ Date: _____

Please turn over page

HEARING AND VISION TEST RESULTS

PHYSICIAN'S OFFICE:

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

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