



# 1. ADMISSION FORM 2022-2023

## GENERAL INFORMATION

Operation's Name <b>Central Montessori School</b>		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
<b>[Parent 1]</b>  1. Name:  2. Telephone No.:  3. Email Address:	<b>[Parent 2]</b>  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 <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
I authorize the child care operation to <b>release</b> my child to leave the child care operation <b>ONLY</b> 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	

## 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:

- 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: \_\_\_\_\_

## SCHOOL OPERATION INFORMATION

- Hours of Operation: \* Start Time: 09:00 AM \* End Time: 2:30 PM
- Days of Operation:  Mon  Tue  Wed  Thu  Fri
- School doors will open at 9:00am in the morning, and children will dismiss at 2:30 pm in the afternoon.
- Parents or authorized persons must sign their child in and out daily.
- Parents will no longer be allowed into the school** due to the ongoing COVID-19 pandemic. Parents will walk their child outside of the school building for drop-off and pick-up. Children will receive a temperature check at their designated entrance. With an appropriate temperature reading, the child will be allowed to enter.
- 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 **2:40-3:00pm**. **After 3:00pm**, 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

- My Tuition is: \_\_\_\_\_. **Monthly Tuition is NON-REFUNDABLE.**  
\* 3-4 Years: \$660 (Not fully potty trained: \$670) \* 2 Years: \$670  
\* 18-24 Months: \$680 \* 15-17 Months: \$690
- Registration Fee: **\$150** **Registration Fee is NON-REFUNDABLE.**
- Deposit Fee: **\$100**  
To withdraw from CMS, a 30 days written notice will be required to receive the deposit fee in full.
- 5% discount for KCPCH members + 5% discount for tuition paid in full + 5% discount for sibling
- After School: 2:30pm – 5pm  
\* 3-4 Years: \$260 (Not fully potty trained: \$265) \* 2 Years: \$265  
\* 18-24 Months: \$270 \* 15-17 Months: \$275
- Early Drop Off: \$ 155 (8:00am - 9:00am)  
\* 3-4 Years: \$155 (Not fully potty trained: \$160) \* 2 Years: \$160  
\* 18-24 Months: \$165 \* 15-17 Months: \$170
- The monthly tuition should be paid before the new month begins.** A payment received after the new 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 water bottle
- \* a separate container with individual snack
- \* a separate container with individual lunch
- \* a package of baby wipes or wet wipes for kids
- \* a package of disposable paper napkin
- \* personal hand sanitizer
- \* 1- inch white color generic binder
- \* complete change of clothes in a Ziploc bag: a shirt, pants/shorts, underwear, and socks

## 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 20232-2023

- 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/PANDEMIC POLICY FORM (INCLUDING COVID-19)

### 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:

#### 1. Students Pre-Screening Policy:

All students will receive a temperature check at their designated entrance when they come to school in the morning. With an appropriate temperature reading, the child will be allowed to enter.

\_\_\_\_\_ agree to have my child pre-screened before entering the building and keep my child home if he/she has any fever and/or signs or symptoms of illness.

#### 2. Illness Policy

While at school, any staff/child that develops symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrollable diarrhea, 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.

#### 3. Returning Policy for the Staff/Student Who Has Tested Positive for COVID-19:

Any staff/child with a confirmed Positive Case of COVID-19 must meet all 3 of the following requirements before returning.

- Improved symptoms (cough, difficulty breathing, etc.)
- 5 days have passed since symptoms began
- Staff/child's household members have a negative result from COVID-19 tests

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

#### 4. Precaution Practices

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. CDC recommends that one of the most effective measures to prevent the spread COVID-19 includes the use of facemasks. CMS Staff and students will be strongly encouraged to wear a face mask during the school day.

\_\_\_\_\_ help teach my child proper mouth covering and hand washing.

\_\_\_\_\_ encourage my child to wear a face mask during the school day.

**5. School Closure Policy**

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

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

**6. 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. 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.

\_\_\_\_\_ 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



# 5. HEALTH STATEMENT 2022-2023

Your child **cannot** attend CMS **until** this completed and signed medical information is on file. This form must be signed and dated **after May 31, 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 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 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 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			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Signature:		Date:	