

1. ADMISSION FORM 2025-2026

GENERAL INFORMATION

Operation's Name: Central Montessori School		KCPCH Member Yes No		Potty Trained Yes No	
Phone: 281-254-9020					
Email: admin@centralmontessorischool.org					
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] Relationship to the Child: _____ 1. Name: _____ 2. Address: _____ 3. Phone: _____ 4. Email Address: _____		[Parent 2] 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	
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:** _____

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)



SCHOOL UNIFORM & SUPPLY ORDER FORM

CMS has school spirit day and School uniform days every week. All CMS students will wear their uniforms and Spirit shirts on the designated day.

Student Name: _____

Age: _____

TEAM	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	2T, 3T, 4T, 5T, 6T, 7T		

Sub total \$ _____

Naptime students ONLY

ITEM	Price	Size	How many	Total
Blanket	\$12.5	One Size		
Pad	\$10	One Size		

Sub total \$ _____

Total \$ _____

Please Contact the
Office for Details.