

Admission Information

General Information

Operation's Name: The Foundations Montessori		Director's Name: Ms. Elise Abrilian	
Child's Full Name:	Child's DOB:	Child Lives With: <input type="radio"/> Both parent <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Ethnicity: <input type="radio"/> South Asian <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> African American <input type="radio"/> Other		Assigned Classroom:	Start Date:
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian Phone No.:	Custody Documents on file: <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, when the parent or guardian cannot be reached while child is in care.			
Name of Emergency Contact:	Relationship:	Phone No.:	
Address:			
I authorize my childcare operation to release my child to leave the childcare operation only with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID:			
Name:		Phone No.:	
Name:		Phone No.:	
Name:		Phone No.:	

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply:
 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 take part in field trip.

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

(N/A) Water table play () Sprinkler play () Splash pad (N/A) Swimming pools (N/A) Aquatic playgrounds

Is your child able to swim without assistance?

Yes No **(Not Applicable)**

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

Yes No **(Not Applicable)**

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

Yes No **(Not Applicable)**

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

Discipline and guidance

Provisional admission

Emergency plans

Procedures for conducting health checks

Safe sleep

Procedures for parents to discuss concerns with director

Promotion of indoor and outdoor physician activity

including criteria for extreme weather conditions

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 supporting inclusive services

Procedures for parents to contact Child Care Regulation (CPR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply.

None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Days	A.M	P.M
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my right as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

8. Child's Special Care Needs, check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment, include instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disability Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of the 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

9. School Age Children

My child attends the following school:

School Area Code and Phone No.:

My child has permission to:

Check all that apply.

- Walk to or from school or home Ride a bus Be released to the care of their sibling younger than 18 year old.

Authorized pick up or drop off locations other than the child's address:

- Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone No.:
Name of Emergency Facility:	Address	Phone No.:

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

Signature — Parent or Legal Guardian

Date Signed

Immunization Records

- I have provided the childcare operation with a copy of my child’s most current immunization record.

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

Admission Requirement

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission. Select **only one** option.

- Health Care Professional’s Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- A signed and dated copy of health care professional’s statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional’s signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

TFM ADMISSION FORMS

To be completed by your doctor's office

**For children ages 4 years and older, not attending public school.

- I have provided a signed and dated hearing and vision screening for my child to the childcare operation.
- I have attached a signed and dated affidavit stating that the hearing and vision screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

VISION				
R 20/ _____	L 20/ _____	<input type="radio"/> PASS <input type="radio"/> FAIL		
_____ Signature		_____ Date		
HEARING				
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail
_____ Signature		_____ Date		

EMERGENCY RELEASE FORM

PERSONAL INFORMATION: Food, drug, medication, allergy/reactions _____

CHILD'S NAME:	BIRTH DATE:
ADDRESS:	AGE:
PHYSICIAN'S NAME:	PHYSICIAN'S PHONE:
PARENT NAME:	EMAIL ADDRESS:
PHONE NUMBER:	LICENSE #:
EMPLOYER:	WORK PHONE:
PARENT NAME:	EMAIL ADDRESS:
PHONE NUMBER:	LICENSE #:
EMPLOYER:	WORK PHONE:
AUTHORIZED PERSON FOR PICK UP	
AUTHORIZED PERSON:	RELATIONSHIP:
PHONE NUMBER:	EMAIL ADDRESS:
EMPLOYER:	WORK PHONE:
AUTHORIZED PERSON:	RELATIONSHIP:
PHONE NUMBER:	EMAIL ADDRESS:
EMPLOYER:	WORK PHONE:

Parent's signature

Date

EMERGENCY EVACUATION AND RELOCATE

In our efforts to keep you informed, in case of an emergency evacuation the children and staff of The Foundations Montessori will re-locate to the following designated site:

Off the premises at CVS located on

10420 FM 1464, Richmond, TX 77407 PH #. 281-240-0123

If the school is evacuated, a designated person will contact you with information concerning your child.

The Foundations Montessori's designated Emergency Medical Facility is:

Memorial Hermann

17500 W Grand Parkway

Sugar Land, TX 77479 PH #. 281-725-5000

In the event of an emergency, any person requiring medical attention by a licensed physician will be transported to this designated emergency facility.

Parent Signature

Date

PERMISSION TO PHOTOGRAPH OR VIDEOTAPE

Child's Name: _____

Permission for photography/videotape

I give permission for my child to be photographed/videotaped by TFM

and share it with me only.

Yes / No

Permission for photography/videotape with specifications

Photos may be used internally with TFM community:

- Group pictures, shared with parents of respective classroom on ProCare. Yes / No
- For classroom bulletin boards. Yes / No
- School's monthly newsletter Yes / No
- For summer flyers, advertising flyers Yes / No

Permission to photograph/videotape for website, social media (FB & Instagram)

I give permission for pictures/videos of my child to be published on TFM's website

or social media (FB & Instagram). I understand that my child's name will not be published.

Yes / No

I understand it is my responsibility to update this form in the event I change my authorization for any of the above uses. I agree that this form may remain in effect during the term of my child's attendance at The Foundations Montessori.

Parent Name (print): _____

Signature: _____

Date: _____

Child Assessment Form

These questions are designed to give us the information needed to provide the best, most appropriate care for your child. This information is confidential, and it will not be shared without the parent's written permission.

Experts in the field recommend completing an assessment form each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Parents should review the enrollment forms and parent handbook before they complete the assessment form.

The enrollment interview is the time to obtain critical information about the child and for us to provide information on our program's operational policies, such as health checks, procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess our program and determine if it is best suited for their child's needs.

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				

1. Health

*If applicable

Does your child have any allergies?	Yes	No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	Yes	No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	Yes	No
Is your child taking any medication?	Yes	No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	Yes	No
Are there any side effects we should be alerted to?	Yes	No

2. Toileting:

Does your child need assistance with toileting?	Yes	No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

3. Behavior:

Does your child have any special fears?	Yes	No
How does your child communicate his/her needs?	Yes	No
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?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Is there any particular routine that is helpful at naptime?		

What position is most comfortable for your child when he/she is napping?

1. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?	Yes	No	

2. Activities:

What activities do you like to do with your child?	
What activities do your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

3. Family History:

Tell me about your family (i.e. the child's parents, siblings, grandparents, and other extended family)	
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Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments

DISCIPLINE AND GUIDANCE POLICY

At TFM we follow positive reinforcement.

Discipline must be:

- (1) Individualized and consistent for each child
- (2) Appropriate to the child's level of understanding
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which includes 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.
- (5) Peace tables in the classroom have quiet activities to allow for space and time for a child to calm him/herself down.

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'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; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

Fresh Meals and Snack Program

At The Foundations Montessori we take special pride in providing wholesome, fresh meals and snacks. We encourage young children to develop healthy eating habits, understand the food pyramid and guide them in making good food choices. The Montessori method of mixed age groups paves the way to encourage older children to act as good role models not only at school but also at home. Family style dining at our school creates opportunities for children to socially interact, learn grace, courtesy, eating etiquettes including physical skills involved in serving, eating and cleaning up.

Research confirms that breakfast is the most important meal of the day for children's health, academic achievement, cognitive development, and mental health. Unfortunately, many children regularly skip breakfast each morning, depriving them of the important benefits associated with the morning meal. We encourage all children to eat breakfast daily before coming to school or at school.

We offer the following Meal and Snack Plan to our students along with a vegetarian meal option.

2 Nutritious Snacks

Served from: 9:30AM and 2:30PM

** 5 PM snack a healthy non-sugar snack must be provided from home.

Optional with Sign up

Breakfast (Full day students only)

Healthy Wholesome Breakfast Served from 7:30AM to 8:00AM

Fresh Hot Lunch (timing may vary in classroom)

Served from 11:00AM to 12:00PM

After School Enhanced Snack (Elementary School only)

Served from 3:45PM to 4:15PM

Example: Sandwich, Fruit smoothie, yoghurt with fruit parfait, etc.

Last minute sign-up lunch (Front office must receive a call or email before 8:30am on the day of)

**Parents have the option to send a lunch or afterschool snack daily should you not participate. The Meal policy and guidelines below must be strictly followed by all families sending meals/snacks to The Foundations Montessori.*

Meal Policy and Guidelines

The Foundations Montessori is a Nut free environment

To Protect the children with severe allergies, we require all to adhere to this policy.

We will not prepare or serve any food items containing nuts. We require that any snacks or meals sent from home should also adhere strictly to this requirement and that we reserve the right to provide an alternative snack/meal if an item containing nuts (for e.g. peanut butter jelly sandwich, Nutella sandwich etc.) are found in a lunch box. The account will be charged \$8 lunch if this were to happen.

For example, items such as and are not restricted to peanuts, almonds, sesame, walnuts and more are prohibited at TFM.

*We do allow sunflower seed butter as an alternative.

- We will provide fresh fruits and vegetables in season as is feasible.
- We do not serve beef and pork.
- Meat options are chicken, turkey or fish.
- Milk is served with breakfast and lunch (applicable to children on the TFM lunch program only).
- Vegetarian options will be offered on days when meat (chicken/turkey/ham) is on the menu.
- In addition, eggs and fish may also be offered with a vegetarian option.

MEAL PREFERENCES

Child's Name: _____

Meal Preference

Food allergies if any (Please list all, OR write NONE)

Note: Allergies must be diagnosed by a physician and must be accompanied by a note. Allergies that require an EpiPen require a prescription from a physician.

Meal Preference:

Vegetarian _____

Non-vegetarian _____

No Gelatin _____

Please check items your child **CANNOT** have

- No restrictions (all items allowed)
- Chicken
- Turkey
- Fish
- Eggs (food products with egg)
- Milk/dairy

My child will participate in a Fresh Lunch Program per month _____

My child will not participate in the lunch program _____

Parents's Signature: _____

Date: _____