

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.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Discipline and guidance <input type="checkbox"/> Provisional admission <input type="checkbox"/> Emergency plans <input type="checkbox"/> Procedures for conducting health checks <input type="checkbox"/> Safe sleep <input type="checkbox"/> Procedures for parents to discuss concerns with director <input type="checkbox"/> Promotion of indoor and outdoor physician activity including criteria for extreme weather conditions <input type="checkbox"/> Procedures for parents to participate in operation activities | <ul style="list-style-type: none"> <input type="checkbox"/> Procedures for release of children <input type="checkbox"/> Illness and exclusion criteria <input type="checkbox"/> Procedures for dispensing medications <input type="checkbox"/> Immunization requirements for children <input type="checkbox"/> Meals and food service practices <input type="checkbox"/> Procedures to visit the center without securing prior approval <input type="checkbox"/> Procedures for supporting inclusive services <input type="checkbox"/> 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"/> Food intolerances
<input type="checkbox"/> Existing illness
<input type="checkbox"/> Previous serious illness
<input type="checkbox"/> Injuries and hospitalizations in the past 12 months
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Limitations or restrictions on child's activities
<input type="checkbox"/> Reasonable accommodations or modifications
<input type="checkbox"/> Adaptive equipment, include instructions below
<input type="checkbox"/> Symptoms or indications of complications
<input type="checkbox"/> Medications prescribed for continuous long-term use |
|---|---|

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: _____

Tuition and Fees Policy

Late Pick-Up

Late fees will be assessed after a 5-minute grace period. A late fee in the initial amount of \$15 with \$1.00/minute after the first 5 minutes.

Security Deposit

A security deposit is required to be in place at the time of enrollment. This deposit will be adjusted towards any pending tuition, fees or refunded with a 30-day written notice of withdrawal from the school or upon completion of the Montessori program. Any payment balance or pending fees will be deducted from the deposit before it is refunded. The deposit will not be refunded for notices short of 30 days.

Tuition

The monthly tuition is due no later than the 5th business day of the month. Monthly tuition fee will not deduct any holidays, teacher work-in days. Monthly Tuition will not be prorated or reduced for any natural or other reasons. A separate schedule of the school year holidays, and teacher work-in days will be provided at the time of enrollment or at the beginning of the school year.

A late fee charge of \$35 will be applied on the 6th day to your account and \$35 will be added per day thereafter.

Any outstanding accounts after one week past due will result in the withdrawal of your child.

Direct ACH withdrawal is encouraged for all payments. We currently **do not** accept NCI.

Payments:

The Foundations Montessori accepts the following forms of payments.

- Autopay/ACH
- Cash
- Zelle (info@thefoundationsmontessori.com)
- Cashier's Check/Money Order
- A \$35 fee will be charged to all declined transactions

Supply Fees

Supply fees are due twice a year, respectively for the academic Fall and Spring semesters. The first (Fall) supply fee is due in September, and the second (Spring) supply fee is due in January of the academic year in which the child is currently enrolled, or at the time of enrollment. Only deposit is refundable with a 30-day notice, in advance, with the child still in attendance. **All other fees are non-refundable.**

I UNDERSTAND THE HOURS OPERATION IS 7:00AM – 6:30PM MONDAY – FRIDAY. I HAVE RECEIVED A PARENT HANDBOOK AND UNDERSTAND THE TUITION, FEE AND FINANCIAL AGREEMENT AND WILL ADHERE TO TFM POLICIES AND PROCEDURES.

HOLIDAY AND VACATION POLICY

Summer vacation

If a child is to take the entire summer break away from TFM, a written notice of withdrawal is required a minimum of 30 days prior to withdrawal. Full month's tuition will be charged for notices short of 30 days.

TFM does not guarantee admission after the summer break, unless a registration fee and deposit are paid in advance to hold the spot for a returning student.

A registration fee will be charged for students returning after a break of 30 days or more.

Withdrawal

Deposit may be refunded only if the written notice of withdrawal is given in a minimum of 30 days prior to withdrawal of a student. Any payment balance or pending fees will be deducted from the deposit before it is refunded.

The deposit will not be refunded for notices short of 30 days.

*****All other fees including registration, supply fees, technology fee, lunch fee and monthly tuition are non-refundable.***

Absences during the year

TFM will not pro-rate the monthly tuition for vacations or absences due to any reason during the academic year.

SECURITY DEPOSIT AGREEMENT

The security deposit will remain with TFM until a 30-day written notice provided for withdrawal of a student.

The student must be in ATTENDANCE during this 30-day period.

Any balance or pending fees or payments may be taken from the deposit amount.

The deposit rolls over for each year your child is at TFM.

STUDENT PROVISIONAL ADMISSION POLICY

All students are accepted on a provisional basis. The first 2 weeks are considered the normalization period in a Montessori environment. Most children adjust to school during this time.

However, it may be possible that a particular child may not adjust to the Montessori environment. If this occurs, and in the judgement of the lead teacher and the Director of the school, that the child is not benefiting from the classroom experience and or disturbing/disrupting the classroom, the parent may be requested to withdraw the child from the school.

In this case, the monthly tuition will be pro-rated and only the portion covering the days of the month attended will be retained by TFM. The balance will be refunded.

TFM will follow the discipline and guidance policy as described in our parent handbook.

Please note the clarification of refund after withdrawal by TFM or by parents.

Registration: forfeited

Technology and event fee: forfeited

Supply fee: forfeited

Lunch fee: refunded after prorating for days enrolled

Deposit: refunded with a 30-day notice (unless withdrawal requested by TFM)

Monthly tuition: forfeited (unless withdrawal is requested by TFM)

SICK CHILD AND ABSENCE POLICY

Absence Policy: If your child is absent from school, please notify our director, or office by calling **281-240-0010** or send an email to frontoffice@thefoundationsmontessori.com

Sick Policy: A student must not be brought to school if he has any of the following symptoms:

- Temperature of 100.4 or more in the past 24 hours
- Vomiting or diarrhea in the past 24 hours
- Severe stomach pain or cramps
- A sore or discharge from eyes or ears
- An undiagnosed rash
- Pink eye
- Difficulty breathing, severe congestion
- Measles
- Mumps
- Pertussis
- Impetigo
- Bacterial meningitis
- Dehydration, dark colored urine, UTI
- Ringworm, scabies
- Severe headache or stiff nose
- Strep throat or any infection requiring antibiotics (child may return if no antibiotics for 48 hours)
- Severe cough, productive cough
- Chicken pox (may not return until all pox is dry)

Notify school as soon as possible if your child is diagnosed with a contagious illness. It must be a physician's professional diagnosis.

TFM will notify the parents of your child's classroom as needed.

Illness while at school: A TFM staff member will call parents or emergency contacts to notify of a child's illness. Parents must make arrangement to pick up the child as quickly as possible within a reasonable time frame.

The student will be brought to the front or isolated in the classroom as it may be feasible.

Back up plans: Please have a backup plan for picking up your child and keep him/her home until able to return to school.

24-hour policy: *If your child went home with a fever, diarrhea/vomiting (3x or more) they must not return to school until fever free without medication for at least 24 hours, or with doctor's note.*

UNIFORM POLICY

All children enrolled in our Pre-Primary Pre-K classroom (ages 3 years and up) will abide by the TFM uniform policy.

Uniforms provide children with a learning environment that is free of distractions and makes morning preparation time easy and a routine for our students.

Our uniform consists of the following:

- **Navy/ Light blue Polo shirts with TFM logo (no exceptions)**

Must be ordered from website Cookie's the Kids department Store (www.cookieskids.com) with code **TFM**

- **Khaki/Navy blue bottoms (pants, shorts, skirt, or tunic)**

Bottoms may be purchased from any store such as Target, Walmart etc.

Shoes: Closed toe shoes or sneakers only

This uniform must be worn **Monday – Thursday**

Friday is a free dress day. This must still follow guidelines as below:

- Closed toe shoes
- Clothes must be clean and tidy
- No flip flops
- Hair neatly tied
- No spaghetti straps
- Shorts of appropriate length
- Skirts must be worn over appropriate underpants

If students are not wearing uniform, a reminder email will be sent to the parents. After 3 reminders, a uniform will be ordered for your child, and the amount will be added to the monthly tuition invoice.

Field Trips: Students are required to wear a clean uniform for field trips. TFM may provide an additional field trip T-shirt to wear over the uniform.

Hygiene: All students are expected to come to school with a tidy appearance. Teeth must be brushed daily and hair neatly combed. Long hair must be appropriately groomed or tied. Children should not have hair blocking their eyes or face.

NO BACKPACK POLICY: To keep our school free of clutter we request parents not to send bulky backpacks. Only a small lunch/snack box and water bottle are allowed daily.

Procedures for administering medication

Texas state childcare licensing regulations require parents to sign and authorize The Foundations Montessori to administer medication as stated on the child's prescription label. Any potential adverse reaction to the medication must be listed on the authorization, so that the child can be properly monitored, and parents notified accordingly. A new authorization is required at the beginning of each week. The Foundations Montessori will only administer medications that are authorized by the parents, and which contain the physician's name, child's name and dosage procedures outlined on the medication.

*No over the counter medication will be administered without a written prescription from a licensed medical physician.

All medications must be dropped off and picked up at the front desk, each day. These medications will be stored in a locked secure area inaccessible to the children. Medication must not be transported to the classroom by parents.

*No medication can be placed in the child's bag and/or taken to the child's classrooms.

Only one medication per child per day will be administered. Special circumstances requiring the administration of additional medications must be discussed with the director. It is the discretion of the director to make exceptions to this policy to meet the needs of the child.

The Medication Authorization form is attached, and a copy can be requested at the front desk anytime.

I acknowledge receipt of the TFM medication policy and agree to abide by the rules.

Parent's Signature

Date

Tuition[®]
Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Checking Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received _____

Employee Signature _____



A service of



ENROLLMENT FINANCIAL AGREEMENT

Child's Name: _____

Program/Level: _____

1. Tuition Responsibility

I/We agree to pay the full tuition amount according to the payment plan below:

- Deposit Payment (at enrollment)
- Annual Registration Payment (due Aug 5th)
- Semester supplies Payments (due September 5th & January 5th)
- Monthly tuition Payments (by 5th of each month)

2. Fees

I/We understand that:

- Assessment, registration, and supply fees are non-refundable.
- A security deposit is required per child enrolled.
- Late fees apply after the 5th of the month.
- Returned payments incur additional charges (bank and TFM charges). In addition, late charges may apply.

3. Billing & Payment Policies

I/We agree to:

- Use ACH/Zelle for all payments.
- Any exceptions must be discussed with Executive Directors.
- Keep payment information up to date.
- Review monthly statements.
- Pay all fees by stated deadlines.

4. Withdrawal Policy

I/We understand that:

- A 30-day notice is required. Deposit will only be refunded with a prior 30-day notice while my child is enrolled.
- Assessment, registration, and supply fees are non-refundable.
- Tuition is not refunded for withdrawal or absences.
- No prorated refunds are issued for holidays or school closures.

5. Acknowledgment & Signature

By signing below, I/We affirm that we have read, understood, and agree to abide by all financial responsibilities and tuition policies outlined by The Foundations Montessori.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____