

# ADMISSION INFORMATION

Operation Name <b>Montessori At Bethany</b>		Director's Name <b>Neetoo Singh</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> <b>TRANSPORTATION:</b> <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> <b>FIELD TRIPS:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips: <b>Parent's Comments:</b>			
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. <b>I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> AM Snack <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

Child daycare 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).

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_ Name of School and Address \_\_\_\_\_ School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of sibling(s): \_\_\_\_\_

My child has permission to:  walk to and from school,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

**IMMUNIZATION RECORD:**

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

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ Health Care Professional's Signature \_\_\_\_\_ Date

2.  A signed and dated copy of a health care professional's statement is attached.

3.  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.

4.  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 will submit it to the child-care operation.

Name and address of health care professional:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Signature - Parent or Legal Guardian \_\_\_\_\_ Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

# ADMISSION INFORMATION

## HEALTH REQUIREMENTS

<b>Name of Child:</b>	<b>Date of Birth:</b>

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

<b>TB TEST</b> (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above. \_\_\_\_\_  
Signature
Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

Parent's signature _____	Date _____
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at  
[www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

## Discipline and Guidance Policy for: Montessori At Bethany

- ❖ 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.
  
- ❖ 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'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 I, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check one please:

parent

employee/caregiver

household member of child-care home

# Montessori At Bethany

## Medical Insurance

(Name of child) \_\_\_\_\_ is a student at Montessori at  
Bethany located at 548 E, Bethany Dr, Allen, TX 75002.

As parents and or legal guardians of above child / children we also give permission for emergency medical care to be administered, if needed. We will immediately inform Montessori at Bethany, in writing, if there are any changes in our Insurance company / medical coverage.

Current Medical Insurance information is listed below:

Name of the Insurance Company: \_\_\_\_\_

Telephone Number of the Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian signature Parent / Guardian signature

\_\_\_\_\_

Date

\_\_\_\_\_

Both Parents / Guardians are required to sign this form, if possible.

\_\_\_\_\_

Date

# Montessori At Bethany

## Completion of Enrollment

Please ensure that all forms are completed prior to enrollment. The Health Forms have to be filled and returned within 30 days from the enrollment date.

The handbook has been prepared for parents and guardians -to answer most queries that they may have regarding policies and procedures of Montessori at Bethany. If you still have any questions or need clarifications, please feel free to meet the Director.

### Parent / Guardian Concurrence

I understand and agree with Montessori at Bethany's policies with regard to

- ✓ Tuition Fees and Financial Policies
- ✓ Arrival and Departure at the facility
- ✓ Completion of Health Form
- ✓ Late Pick-Up and Related Charges
- ✓ Clothing and Personal Belonging
- ✓ Discipline / Guidance practices -per TDPRS (State)
- ✓ Nutrition, Illness and Medication.
- ✓ Field Trips
- ✓ Supplies
- ✓ Transportation
- ✓ Release of Children
- ✓ Parents Visit to the Center
- ✓ Received details of Child Abuse Hotline and TDPRS Phone # & Website

I have received the handbook of Montessori At Bethany and understand that failure to keep within the guidelines stated therein may result in termination of the child after a written warning.

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Parent's / Guardian's Signature

Date

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Parent's / Guardian's Name

Date

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Director's Signature

Date

**Permission to Montessori at Bethany to take/publish picture of my  
child**

I grant permission and authorize that my child may be photographed at the school. I understand that these pictures may be displayed in the school or used on the Montessori at Bethany school website or on any advertisement material promoting Montessori at Bethany. I will not hold Montessori at Bethany responsible if the picture is copied from the website or from any of the other published material by an un-authorized entity. I do however reserve the right to ask the picture(s) be taken off in the future for which I can contact the Director who will ensure that the picture and or name be removed in timely fashion.

Parent

\_\_\_\_\_

or Legal guardian signature

\_\_\_\_\_