



Admission Information

General Information			
Operation's Name: HUGHES ROAD MONTESSORI		Director's Name: SHEREEN TIPPU	
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:
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian <i>(if different from the child's)</i> :	
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's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the childcare operation to release my child to leave the childcare operation ONLY with the following persons. Please list the 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. Please update Emergency Contact and Release Form also with same information			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and 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). <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. Field Trips:
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.
Comments: <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div>



3. Water Activities:

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

water table play sprinkler play splashing or wading pools

Is your child able to swim without assistance?

Yes No

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

Yes No

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

Yes No

4. Receipt of Written Operational Policies:

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

<input type="checkbox"/>	Discipline and guidance	<input type="checkbox"/>	Procedures for release of children
<input type="checkbox"/>	Suspension and expulsion	<input type="checkbox"/>	Illness and exclusion criteria
<input type="checkbox"/>	Emergency plans	<input type="checkbox"/>	Procedures for dispensing medications
<input type="checkbox"/>	Procedures for conducting health checks	<input type="checkbox"/>	Immunization requirements for children
<input type="checkbox"/>	Safe sleep	<input type="checkbox"/>	Meals and food service practices
<input type="checkbox"/>	Procedures for parents to discuss concerns with the director	<input type="checkbox"/>	Procedures to visit the center without securing prior approval
<input type="checkbox"/>	Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions	<input type="checkbox"/>	Procedures for supporting inclusive services
<input type="checkbox"/>	Procedures for parents to participate in operation activities	<input type="checkbox"/>	Procedures for parents to contact Childcare Regulation (CCR), 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:

Day of the Week	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 rights 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 (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <input type="checkbox"/> Medications prescribed for continuous long-term |
| <input type="checkbox"/> use 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 Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. 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

9. School Age Children (NOT APPLICABLE FOR ACADEMIC YEAR AND SUMMER CAMP STUDENTS)

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 his or her sibling under 18 years 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 Care 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



Requirements for Exclusion from Compliance

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

Vision Exam Results

Right Eye 20/_____ Left Eye 20/_____ **Pass** **Fail**

Signature

Date Signed

Hearing Exam Results

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 Signed

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 that he or she is able to take part in the day care program.
- A signed and dated copy of a 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 1 week of admission, I will obtain a health care professional's signed statement and submit it to the childcare operation.

Name of Health Care Professional, if selected 1st option

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed



Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	



HUGHES ROAD
MONTESSORI

Varicella (Chickenpox)

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 _____ and does not need varicella vaccine.

Signature

Date Signed

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If required – **NOT MANDATORY**)

Positive Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Physician or Public Health Personnel Verification

Signature or stamp of physician or public health personnel verifying immunization information above:

Signature

Date Signed



Emergency Contact and Release Form

Child's First and Last Name: _____

In case of an emergency, or if I am unable to pick up my child I, _____ parent/ guardian authorize the Hughes Road Montessori to release/contact the following people. **I understand that additions or deletions to this list must be submitted in writing for the school to honor them.** If you have any more questions or concerns, please contact the director or refer to the Parent Handbook.

Please Include anyone whom you may call in an emergency to help you with picking up your child. If there is no one you may include three people who we may contact that are able to get in contact with you (they can live outside of Texas). For safety of your child, please inform all authorized pick-up contact persons listed that in cases of emergency they may be contacted by Hughes Road Montessori. Anyone who is authorized to pick-up your child needs to bring a government issued photo ID. If they do not have a government issued photo ID or if the information on the ID does not match our records, we WILL NOT release your child to them under any circumstances.

Name:	Relationship to child:
Address:	
Cell No:	Alternate Phone no:
Driver's License No or State ID:	

Name:	Relationship to child:
Address:	
Cell No:	Alternate Phone no:
Driver's License No or State ID:	

Name:	Relationship to child:
Address:	
Cell No:	Alternate Phone no:
Driver's License No or State ID:	

Signature of Child's Parent or Legal Guardian: X	Date Signed:
--	--------------



HUGHES ROAD
MONTESSORI

Tuition Agreement

Child's First and Last Name: _____

Date of Birth: _____

Mother's Name: _____ Father's Name: _____

Check mark the program and timing you chose for your child:

<input type="checkbox"/>	Toddler Community	<input type="checkbox"/>	School Day Program (8:30 AM to 3:30 PM)
<input type="checkbox"/>	Children's House	<input type="checkbox"/>	Half Day Program (8:30 AM to 12:30 PM)
<input type="checkbox"/>		<input type="checkbox"/>	Afterschool Program (3:30 PM to 5:00 PM)

By signing this agreement, I understand the following:

- ❖ Payment for my child's program is due on the **1st of every month**. A \$10 per day late fee will be added for all non-payments from the 3rd of that month.

(Parent initials) _____

- ❖ Tuition is payable according to the tuition schedule whether my child attends.

(Parent initials) _____

- ❖ There is a 5-minute grace period for pick-up after the end of my child's class time, after which a late fee of \$5 for each minute will be charged automatically to your account.

(Parent initials) _____

- ❖ During summer months, a \$50 activity fee will be charged for each month.

(Parent initials) _____

- ❖ In the event of withdrawing my child, a 15- day notice will be given in writing. If I do not give a 15-day notice, I will be charged \$250.

(Parent initials) _____

- ❖ That NO refunds will be considered for absences due to illness

(Parent initials) _____

Signature of Child's Parent or Legal Guardian: X	Date Signed:
---	--------------



PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have read through the entire Parent Handbook, and I have been given the opportunity to ask questions regarding Hughes Road Montessori policies. I acknowledge that my signature on this form indicates that I understand what I have read and will adhere to the rules and policies stated in the Parent Handbook. I understand that the policies and procedures set in the Handbook are in the best interest of my child and are there to protect them and provide for them while my child is at Hughes Road Montessori. I understand that Hughes Road Montessori has the right to terminate care at any time if the parent policies are not followed.

Signature of Child's Parent or Legal Guardian:

Date Signed:

X

PHOTO AUTHORIZATION

I, give Hughes Road Montessori permission to use/take photos and videos of my child in the following form:

- Parent Engagement Program (For Activities and Daily Report in procure)
- Bulletin Board (Child's Picture/Video may be used on the bulletin board or the tv in the reception/gym area)
- Hughes Road Website (Your child's Picture may be uploaded on our website)
- Facebook and social media (Picture of your child may be uploaded on our FB page / social media)
- Promotional Flyers/Videos (We may use your child's picture for any flyers or videos we may make to promote Hughes Road Montessori)

Signature of Child's Parent or Legal Guardian:

Date Signed:

X

MEAL ACKNOWLEDGEMENT

- My child is a Vegetarian (is NOT Allowed to have eggs)
- My child is a Vegetarian (is Allowed to have eggs)
- My child is a Non-Vegetarian (We serve only chicken)

Signature of Child's Parent or Legal Guardian:

Date Signed:

X