ADMISSION INFORMATION

Operation Name		Director's Name	
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 **ONLY** 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.

CHECK ALL THAT APPLY:

1. ☐ TRANSPORTATION: I hereby ☐ give ☐ do not give – consent for my child to be transported and supervised by the operation's employees:

Walk home ☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. ☐ FIELD TRIPS: I hereby ☐ give ☐ do not give – my consent for my child to participate in Field Trips:

Parent's Comments:

3. ☐ WATER ACTIVITIES: I hereby ☐ give ☐ do not give – my consent for my child to participate in Water Activities:

☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ water table play

4. ☐ RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

☐ **None** ☐ **Breakfast** ☐ **AM Snack** ☐ **Lunch** ☐ **PM Snack** ☐ **Supper** ☐ **Evening Snack**

6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

☐ Mondays	from:	to:
☐ Tuesdays	from:	to:
☐ Wednesdays	from:	to:
☐ Thursdays	from:	to:
☐ Fridays	from:	to:
☐ Saturdays	from:	to:
☐ Sundays	from:	to:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

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).

_____ _____
Signature – Parent or Legal Guardian Date

ADMISSION INFORMATION

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 or from school or home,
☐ 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

VISION	R 20/ _____	L 20/ _____	☐ PASS ☐ FAIL
SIGNATURE _____		DATE _____	

HEARING	**1000 Hz**	**2000 Hz**	**4000 Hz**	☐ PASS ☐ FAIL
R				
L				
SIGNATURE _____		DATE _____		

_____ _____
Signature – Parent or Legal Guardian | Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child: | **Date of Birth**:

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											
Pneumococccal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required) ☐ Positive ☐ Negative Date:

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

☐ 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

Signature – Parent or Legal Guardian | Date

Texas Dept. of Protective and Regulatory Services

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

Form **2904**
November 1996

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director Nombre del Dueño o Director del Centro de Cuidado de Niños

to take my child (or children): a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	**Name of Child (2)**/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	**Name of Child (4)**/Nombre del Niño (4)

to: a:

Name of Doctor/Nombre del Doctor	**Telephone No.**/Teléfono
Address of Doctor/Dirección del Doctor	

or to: o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	**Telephone No.**/Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

_____ _____

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha

South Shore Montessori

Your Child's Personal History Ages 24 Months and Up

This information is to be kept confidential. The purpose is to allow us to know your child's needs, background, and personality, so that we may make your child's adjustments to school a pleasant experience. If there are any questions that you feel are too personal, feel free to leave it blank.

Child's Name_____
First Middle Last

Names and ages of siblings that live at home:_____

Names and relations of other family members living in the home:_____

Does child live with both natural parents?_____

Married _____Divorced_____ Separated_____ Widowed_____

Does child see or visit other parent on regular basis?_____

Is there any significant change in your child's behavior after time with other parent?_____

Does other parent have permission to pick child up from school?_____

Is any language besides English spoken at home?_____ What language?_____

Does your child have any neighborhood playmates?_____

Has you child had any previous experience in preschool, day care, MDO, etc.?_____

Was it a pleasant experience?_____

How do you expect your child will react the first day of school?_____

How does your child usually react to other children?_____

Does your child have any particular interests or talents?_____

Does your child have any particular fears or anxieties?_____

Do you read to your child at home?_____How often?_____

Does your child have any mannerisms such as thumbsucking, etc?_____

What do you hope for your child to accomplish in our school?_____

Are you familiar with the Montessori Method?_____

What is your child's personality in a group setting?_____

How do you deal with rewarding and punishing your child?_____

Does your child throw temper tantrums?_____

Is your child potty-trained?_____Does he/she have accidents any more?_____

Describe your child in your own words:_____

South Shore Montessori

Your Infant's Personal History
Ages 6 Months to 24 Months

This information will be kept confidential. The purpose is to allow us to know your child's needs, background and personality, so that we may make your child's adjustments to school a pleasant experience. If there are any questions that you feel are too personal, feel free to leave it blank.

Child's Name _____
First Middle Last

Names and ages of siblings that live at home_____

Names and relationships of other family members living at home _____

Does child see or visit other parents on regular basis? _____

Is there a change in child's behavior after time with other parent? _____

Does other parent have permission to pick up child from school? _____

Is any language besides English spoken at home? _____

If so, what language? _____

Does your child have any playmates? _____

Can you explain in detail what kind of care your child has had since birth? _____

_____

Have they been pleasant experiences? _____

How do you expect your child to react the first day of school? _____

How does your child usually react to other children? _____

Does your child have any particular interests? _____

Does your child have any fears or anxieties? _____

Do you read to your child at home? _____ How often? _____

What hopes do you have for your child to accomplish in our school? _____

Are you familiar with the Montessori Method? _____

Describe your child's personality in a group setting _____

How do you deal with rewarding and punishing your child? _____

Does your child throw temper tantrums? _____

Is your child still using a: Bottle? _____ When? _____ Pacifier? _____ When? _____

Is your child a morning or afternoon eater? _____Table food or baby food? _____

What does your child enjoy eating? _____ Dislike eating? _____

Is your child using utensils? _____

Is your child crawling? _____How often does your child nap? _____

Do you and your child have any specific naptime rituals? _____

Does your child have a favorite animal, book, song, or toy? _____

Describe your child in your own words _____

Do you have any pets? _____

What are their names? _____

TUITION Express
ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____ , (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

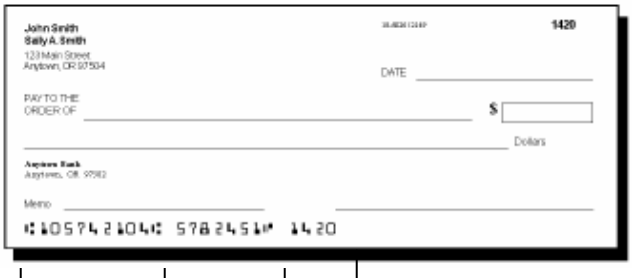
Your Name	Phone #	DEPOSITORY - Bank or Credit Union Name
Address		Bank or Credit Union Address
City	State Zip	City State Zip
		Type: ☐ Checking ☐ Savings
Routing Transit Number (see sample below)		**Account Number** (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Please attach a copy of a voided check here. Deposit slips not accepted.

South Shore Montessori, Inc.
Operational Policies
For Parents

I have received a copy of the South Shore Montessori Operational Policies. I understand if there is a change in the Operational Policies I will receive written notice of this change.

Signature Date

Signature Date

Staff Signature Date