

Enrollment Application

Child's Full Name: _____ Child's Home Phone: _____

Child's Home Address: _____ Date of Birth: _____

Admit Date: _____ Withdraw Date: _____ Hours and days child will be in care: _____

First Call Parent/Guardian Name & Emergency Phones: _____

Second Call Parent/Guardian Name & Emergency Phones: _____

Parent or Guardian Home Address (If different from child's): _____

Emergency person to call if parents/guardians cannot be reached: _____

Phone number(s): _____ Relationship to child: _____

Policy Authorizations/Acknowledgement

Transportation:

I (circle one) **give/deny** consent for my child to be transported and supervised for emergency care. (St. Christopher Montessori School provides no transportation to/from school nor conducts field trips.)

Water activities:

I (circle one) **allow/deny** my child to participate in: (check any) sprinkler play water table play

Discipline and Guidance:

I acknowledge receipt of St. Christopher Montessori School policies including Discipline and Guidance.

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 the following Physician and/or Emergency Medical Care Facility:

Physician's Name Address & Phone: _____

Emergency Medical Facility's Name Address & Phone: _____

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

Signature of Parent or Legal Guardian

What special problems does your child have, i.e.: allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months. Also, list medication(s) prescribed for long-term continuous use, and any other information of which the school should be aware. If none, write N/A:

Signature of Parent or Legal Guardian: _____ **Date:** _____

Release Authorization Form

Parent Name	Driver License Number	Phone Number
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Parent Name	Driver License Number	Phone Number
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In addition to myself, I authorize St. Christopher Montessori School to release my child, _____, to the following persons:

Emergency Contact	Driver License Number	Phone Number
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Name	Driver License Number	Phone Number
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Name	Driver License Number	Phone Number
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Name	Driver License Number	Phone Number
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Name	Driver License Number	Phone Number
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Name	Driver License Number	Phone Number
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Name	Driver License Number	Phone Number
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Signature of Parent or Guardian

Date

Health Requirements

Immunizations

Child's Name:			Date of Birth:		
Immunizations					
Hepatitis B					
Rotavirus					
DTP/DTaP/DT					
Hib					
Pneumococcal					
Polio (IPV or OPV)					
Influenza					
MMR					
Varicella (see below)					
Hepatitis A					
Meningococcal					
TB Test (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Signature or stamp of a physician or public health personnel verifying the above immunization information. _____ <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Signature Date </div>					
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:		
<input type="checkbox"/> 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: http://www.dshs.state.tx.us/immunize/school_info.htm					

See reverse for additional requirements

Health Requirements Continued

Admission Requirement: One of the following must be presented on or before the date your child is admitted to St. Christopher Montessori School (please check only one option):

Healthcare professional's statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the school and daycare program.

Healthcare Professional's Signature: _____

Date: _____

A signed and dated statement from a healthcare professional is attached.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which I adhere or am a member of; I have attached a signed and dated affidavit stating this.

Name and address of healthcare professional

Signature - Parent or Legal Guardian

Date

Hearing and Vision testing is a mandatory requirement of the State of Texas for children aged 4 and older (may already be noted on child's immunization record):

Vision	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Tester's Signature _____		Date _____	
Hearing	1000 Hz	2000 Hz	4000 Hz
Right			
Left			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Tester's Signature _____		Date _____	

Signature - Parent or Legal Guardian

Date

Discipline & Guidance Policy for St. Christopher Montessori School

◆ 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 L, Discipline and Guidance

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