



Admission Information - Montessori at Bethany

Directions: Please fill this form to best of your knowledge. This form need to be filled in its entirety and returns it to the Montessori at Bethany before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility. Copy of Shots records should be provided from Primary Care Physician.

General Information

| | | | |
|--|-----------------------|---|-------------------|
| Operation's Name | | Director's Name | |
| 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 |
| Name of Parent or Guardian Completing Form | | Address of Parent or Guardian (if different from the child's) | |

List telephone numbers below where parents/guardian may be reached while child is in care.

| | | | | | |
|----------------|----------------|----------------|----------------|----------------------|---|
| Mom Mobile No. | Dad Mobile No. | Mom Office No. | Dad Office No. | Guardian's phone No. | Custody Docs. on File <input type="radio"/> Yes <input type="radio"/> No |
|----------------|----------------|----------------|----------------|----------------------|---|

| | | | |
|---|------------|----------------------------|--------------|
| Mom Email: | Dad Email: | | |
| Mom Driver License Number: | State: | Dad Driver License Number: | State: |
| Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached | | | Relationship |

I authorize the child care operation **to release** my child to leave the child care operation **ONLY** with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

| | |
|------|--------------------------------------|
| Name | Phone Number : Driver License Number |
| Name | Phone Number : Driver License Number |
| Name | Phone Number : Driver License Number |

Consent Information

Check All That Apply:

1. Transportation: I give consent for my child to be transported and supervised by the operation's employees:

for emergency care
 on field trips
 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 participate in field trips.

3. Water Activities: I give consent for my child to participate in the following water activities:

water table play
 sprinkler play
 splashing/wading pools
 aquatic playgrounds

4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|--|---|
| <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"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals

I understand that the following meals will be served to my child while in care: None
 Breakfast Lunch Afternoon 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 | | |

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 | Phone Number |
| Name of Emergency Care Facility | Address | Phone Number |

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

 Signature — Parent or Legal Guardian

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan Submitted on _____

Child day care 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 | School Phone Number |
|---------------------------------------|---------------------|

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/her sibling under 18 years old

Authorized pick up/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.

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.

- Check **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.
- _____ Signature — Health Care Professional _____ Date Signed
- 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 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

| | |
|---|-------------------------------------|
| Name | Address of Health Care Professional |
| _____ Signature — Parent or Legal Guardian _____ Date Signed | |

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 |

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.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

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 or affiliate entities 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.

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed