



KIDS MONTESSORI ACADEMY ENROLLMENT FORM

Student Information

Date of Birth: _____

Sex: M F

Date of Enrollment: _____

Full Name:

Last	First	Middle	Nickname
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Child's Physical Address: _____

Hours of Care: From _____ To _____ Days of the Week in Care: M T W Th F

Family Information:

Child Lives With: _____

Parent/Guardian 1 Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Employer Phone: _____

Parent/Guardian 2 Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer: _____

Employer Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____



Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Physician Name: _____

Address: _____

Phone: _____

Physician Name: _____

Address: _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

PLEASE INCLUDE A CURRENT COPY OF CHILD'S VACCINATION RECORDS

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below.

The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name: _____

Address: _____

Phone#: _____

Name: _____

Address: _____

Phone#: _____



Helpful Information About Your Child:

I hereby by acknowledge that all the above information is accurate, complete and current. If there any changes I will notify Kids Montessori Academy administration.

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date



OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

Purpose: This form provides the required information per minimum standards §744.501 (7), §746.501 (a)(7), and §747.501 (5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

DISCIPLINE AND GUIDANCE POLICY

Discipline must be:

- 1) Individualized and consistent for each child
- 2) Appropriate to the child's level of understanding
- 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
- 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 or open
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age



ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs
 - (B) What behaviors would warrant the use of these measures
 - (C) The maximum amount of time the measures would be imposed
 - Inform parents that they have the right to ask for additional information
 - Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect)

This policy is effective on the following date: 01/01/2018

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date

(Ch. 747 only) Title 40, Chapter 746 Subchapter L:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y) Title 40, Chapter 747 Subchapter L

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y) Title 40, Chapter 744 Subchapter G:

[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)



Child Assessment

Full Name:

Last First Middle Nickname

Date of Birth: _____ Sex: M F

Date of Enrollment: _____

Child's Physical Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

1. Health

Does your child have any allergies? Yes No

If yes, what kind of allergies? _____

How should we respond if your child has an allergic reaction? _____

Does your child have an existing illness? Yes No

Has your child had a serious injury, illness or hospitalization in the past twelve months? Yes No

Is your child taking any medications? Yes No

If yes, how is the medication administered, and will it need to be administered while he/she is in care? _____

Is the medication prescribed for continuous use? Yes No

If yes, please list all side effects we should be aware of _____

2. Toileting

Does your child need assistance with toileting? Yes No

How can we best help? _____



What are your ideas about toilet training? _____

How can we best help? _____

3. Behavior

Does your child have any special fears? Yes No

If yes, please describe _____

How does your child communicate his/her needs? _____

Please list any special words your child uses which may not be readily recognized _____

How do you tell your child to stop a behavior that you do not approve or which may be dangerous? _____

When your child gets upset, what helps him/her calm down? _____

What is the best way to distract your child when they have a temper tantrum? _____

Are there any routines which are particularly helpful during naptimes? _____

What position is best when your child is napping? _____

4. Eating Preferences

What are your child's favorite foods? _____

Is your child able to feed themselves? Yes No

If yes, do they use utensils or fingers? _____

Does your child choke easily? Yes No

5. Activities

What are your favorite activities to do with your child? _____

What does your child like to play when he/she is alone? _____



What activities does your child like to do when playing with other children?

Tell us about your family (i.e. parents, siblings, extended family, custody matters)

I hereby by acknowledge that all the above information is accurate, complete and current. If there any changes I will notify Kids Montessori Academy administration.

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date