



AUBREY MONTESSORI ADMISSION INFORMATION

2801 FM 1385, Aubrey, TX 76227

940.209.5005

info@aubreymontessori.com

GENERAL INFORMATION

Operation's Name: Aubrey Montessori		Director's Name: Shavon Wilson	
Child's Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Dad <input type="checkbox"/> Mom <input type="checkbox"/> Guardian
Child's Date of Birth:	Child's Home Address:		
Date of Admission:		Date of Withdrawal:	
Name of Parent 1: <input type="checkbox"/> Mom <input type="checkbox"/> Dad		Name of Parent 2: <input type="checkbox"/> Mom <input type="checkbox"/> Dad	
Address of Parent 1 (if different from the child's):		Address of Parent 2:	
Driver's License of Parent 1:		Driver's License of Parent 2:	
Parent 1 Email:		Parent 2 Email:	
Parent 1 Telephone No.		Parent 2 Telephone No.	
Parent 1 Occupation:		Parent 2 Occupation:	
Custody Document on file? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of an emergency when parents are not available, please call:			
Name of Emergency Contact (other than the parents)		Telephone No.	
Address:		Relationship:	
I authorize the childcare operation to release my child to leave the childcare operation ONLY with the following persons. Please list the 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. <i>PLEASE DO NOT LIST PARENTS</i>			
Name:		Phone Number:	
Name:		Phone Number:	
Name:		Phone Number:	



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CONSENT INFORMATION

CHECK ALL THAT APPLY:

1. WATER ACTIVITIES

I give consent for my child to participate in the following water activities:

- water table play
 sprinkler play
 splash pad
 swimming pools/wading pools
 aquatic playgrounds

Is your child able to swim without assistance yes No If no, what type of assistance is needed _____

2. PHOTOGRAPHY:

I **DO** give consent for Aubrey Montessori to photograph/film, and then reproduce said images of myself/my child(ren).
 _____(initial)

I **DO NOT** give consent to Aubrey Montessori to photograph/film, then reproduce said images of myself/child(ren).
 _____(initial)

Toileting (Is your child toilet trained)

3. in diapers toilet training completely toilet trained **(required for ages 3 years +)**

4. DIETARY RESTRICTIONS ***Aubrey Montessori refrains from serving red meat, pork, and eggs***

My child is.

- Vegetarian only non-dairy has no restrictions

Meals (Aubrey Montessori offers Morning Snack, Lunch, Afternoon and Evening Snacks)

5. **** Aubrey Montessori is not responsible for the nutritional value of any food that is not provided by our facility. Please ensure that ALL outside foods meet nutritional standards.**

Please specify below if your child will eat lunch at school or bring lunch from home.

- school lunch home lunch

RECEIPT OF PARENT HANDBOOK

<input checked="" type="checkbox"/> Discipline and guidance	<input checked="" type="checkbox"/> Procedures for the release of children
<input checked="" type="checkbox"/> Suspension and expulsion	<input checked="" type="checkbox"/> Illness and exclusion criteria
<input checked="" type="checkbox"/> Emergency plans	<input checked="" type="checkbox"/> Procedures for dispensing medications
<input checked="" type="checkbox"/> Procedures for conducting health checks	<input checked="" type="checkbox"/> Immunization requirements for children
<input checked="" type="checkbox"/> Safe sleep (Not applicable for children 18 months or older)	<input checked="" type="checkbox"/> Meals and food service practices
<input checked="" type="checkbox"/> Procedures for parents to discuss concerns with the director	<input checked="" type="checkbox"/> Procedures to visit the center without securing prior approval
<input checked="" type="checkbox"/> Procedures for parents to participate in operation activities	<input checked="" type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website
<input checked="" type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions.	



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Thank you for taking the time to read our Family Handbook. If you have questions about Aubrey Montessori's policy or procedures, please contact the Director. If there are no questions, please sign below and return to the AM office. We must have a receipt on file for every family enrolled at AM.

This is to acknowledge that I have read a copy of the Aubrey Montessori School Family Handbook and have no questions regarding its content.

Print Child's Name _____

Parent Signature _____ **Date** _____

Parent Name Print _____



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PROGRAM SELECTION (all programs are 5 days a week)			
Programs	Half Day 8:00 – 12:00 PM	School Day 8:00–3:00 PM	Full Day 7:00 –6:00 PM
<input type="checkbox"/> Pre-Toddler		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: Cooks Children Hospital	Address: 4100 W University Dr, Prosper, TX 75078	Phone Number: (945) 204-4400	
I give consent to the facility to secure all necessary emergency medical care for my child.		Signature - Parent or Legal Guardian	
TRANSPORTATION CONSENT:			
1. I give consent for my child to be transported and supervised by the operation’s employees (Check all that applies) <input checked="" 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 Trip <input type="checkbox"/> I give consent to participate <input type="checkbox"/> I do not give consent to participate <input checked="" type="checkbox"/> Not applicable.			
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 intolerance	<input type="checkbox"/> Reasonable accommodations or modifications		
<input type="checkbox"/> Existing illness	<input type="checkbox"/> Adaptive equipment (include instructions below)		
<input type="checkbox"/> Previous serious illness	<input type="checkbox"/> Symptoms or indications of complications		
<input type="checkbox"/> Injuries and hospitalizations (in the past 12 months)	<input type="checkbox"/> Medications prescribed for continuous long-term use		
<input type="checkbox"/> Others	<input type="checkbox"/> Non-Applicable (Please indicate by checking this box if no special care requirements are applicable)		
Explain any needs selected above:			
Does your child have diagnosed food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> 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).			
Signature - Parent or Legal Guardian:		Date Signed:	



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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.

HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and found that he or she is able to take part in the childcare program.

Health Care Professional's Signature:

Date Signed:

A signed and dated copy of a healthcare professional's statement is attached.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, to 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 healthcare professional and is able to participate in the childcare program. Within 12 months of admission, I will obtain a healthcare professional's signed statement and submit it to the childcare operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

REQUIREMENTS FOR EXCLUSION

I have attached a signed and dated affidavit stating that I decline immunizations for reasons 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 (Required for all students ages 4 years +)

R 20/

L 20/

Pass

Fail

Signature:

Date Signed:

HEARING EXAM RESULTS (Required for all students ages 4 years +)

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date Signed:	



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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
Diphtheria, Tetanus, Pertussis (DTaP)	3 months (first dose)	Please Attach Immunization Record
	5 months (second dose)	
	7-16 months (third dose)	
	19 - 43 months (fourth dose)	
Polio	3 months (first dose)	
	5-16 months (second dose)	
	19-43 months (third dose)	
Hepatitis B (HepB)	3 months (first dose)	
	5-16 months (second dose)	
	19-43 months (third dose)	
Haemophilus Influenza Type B (HiB)	3 months (first dose)	
	5-7 months (second dose)	
	16-43 months (third dose)	
Pneumococcal (PCV)	3 months (first dose)	
	5 months (second dose)	
	7 months (third dose)	
	16-43 months (fourth dose)	
Measles, Mumps, Rubella (MMR)	16-43 (first dose)	
Varicella (MMRV)	16-43 (first dose)	
Hepatitis A (HepA)	25 months (first dose)	
	43 months (second dose)	



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PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

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

Physician Signature:

Date Signed:

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 (date) and does not need varicella vaccine.

Parent's 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)

Positive Negative Not required

PRIVACY STATEMENT

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

GANG FREE ZONE

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

SCHOOL AGE CHILDREN

My child attends the following schools:

School Area Code and Phone No.:

My child has the permission to (check all that apply):

walk to or from school or home Not Applicable ride a bus

Authorized pick-up or drop-off location 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.



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DISCIPLINE AND GUIDANCE POLICY

Discipline must be:

1. Individualized and consistent for each child.
2. Appropriate for the child's level of understanding; and
3. Directed toward teaching the child acceptable behavior and self-control.

A teacher or 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 using clear, positive statements
3. Using brief supervised separation ("take a break") 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. The 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.

These Discipline and Guidance Policies have been developed pursuant to Texas Administrative Code 40, Part 19, Chapter 746, Subchapter L regarding Discipline and Guidance.

Print Child's Name _____

Parent Signature _____ Date _____

Parent Name Print _____

Email: _____

SIGNATURES

Parent Signature or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed:



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“Getting to know more about your child”

Child's Name: _____ **DOB:** _____

Child's Nickname: _____

Mother's name: _____

Father's name: _____

Does the child live with both parents? _____

Siblings name and age: _____

Pets: _____

Previous schools attended and duration: _____

Describe Your child's personality in a few words: _____

Is your child toilet trained? _____

What expectations/goals do you have for your child while attending our school?

What method of behavioral guidance works best for your child? (The time-out method is not practiced in our facility)

Any Special food restrictions/allergies, etc.? _____

What primary language/s is spoken in your home? _____

Any other information you would like us to know in relation to your child? _____



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Guidelines for Child Safety

Children may be removed from the Aubrey Montessori for any behaviors and/or conditions which are beyond the ability of our highly qualified, Montessori Certified teachers and/or which pose a potential danger to other students.

1. Children who are unable to separate from their primary care provider without adjustment to a new setting in a reasonable amount of time.
2. Children who hurt themselves or others (children or adult) on an on-going basis (more than 3 times)
3. Children who have medical or educational conditions that are beyond the experience, knowledge or ability of the Aubrey Montessori staff.

The Administration team will make the final decision in these situations. The input of the child's teacher/ caregiver will be an element of consideration.

All areas of concern will follow a specific plan of action. Parents will be notified by letter, phone, or in person of the area of concern. After a second incident or awareness of concern, a conference with parents, teachers, and the director will be held. At this meeting, a specific behavior plan will be developed. This will be considered a last-chance attempt for the child to remain in the program. Consequences will be clearly defined for staff, parents, and children.

Signature: _____

Date: _____