



## Application for Enrollment

Student's Full Name \_\_\_\_\_

Preferred name or nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Program attending (check appropriate boxes):

\_\_\_\_\_ School Day (7:00am – 3:00pm) \_\_\_\_\_ All Day (7:00am – 6:00pm)

What public school would your child attend? \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

This school admits students of any race, color, national and ethical origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on color, race, national and ethnic origin in administration of its educational and admissions policies, scholarship and loan payments, and athletic and other school administered programs.

Has the child previously attended a childcare center or school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where? \_\_\_\_\_ For how long? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Child's present living arrangement:

\_\_\_\_\_ Both parents \_\_\_\_\_ One parent \_\_\_\_\_ Other

Child's legal guardian:

\_\_\_\_\_ Both parents \_\_\_\_\_ One parent \_\_\_\_\_ Other

Is your child adopted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child speak English? \_\_\_\_\_ Yes \_\_\_\_\_ No

What language is primarily spoken at home? \_\_\_\_\_

List all individuals living in the home (including parents/stepparents)

**Name**

**Age**

**Relationship**

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EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

This person may be contacted in an emergency when the guardian(s) may not be located, and have permission to pick up the child when the guardian(s) is/are not able to do so in person:

**Name**

**Address**

**Phone Number**

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Who may NOT pick up your child? \_\_\_\_\_

I, \_\_\_\_\_, the parent of \_\_\_\_\_ have completed the enrollment information and agree to update the information as it becomes necessary.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Medical History Form

Child's Name \_\_\_\_\_

Child's physician or Clinic Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Address \_\_\_\_\_

Any known allergies \_\_\_\_\_

Any intolerance \_\_\_\_\_

\*If an allergy is medically diagnosed, an allergy action plan must be filled out by the attending physician and returned to our front office.

## LEGAL REQUIREMENTS

By state law all children are required to have immunizations to enter a school or childcare center: Mumps, Measles, Rubella, Diphtheria, Tetanus, Pertussis, Polio, HibCV, Varicella, Hepatitis A, and Pneumococcal. We are required by the Department of Regulatory and Protective Services to have a copy of your child's immunization record from your family physician, clinic or public health department documenting the number and types of doses, and the date on which they are given. IF your physician does not give all the immunizations listed, he/she must attach a written statement to that effect. This form, or an acceptable substitute, MUST be in your child's file in our office within one week of your child's admission. As your child is immunized you must bring an updated copy to the office. Has your child had any serious illness or hospitalization in the last 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain \_\_\_\_\_

## EMERGENCY MEDICAL CARE

If I am not immediately available and/or upon serious or injury to my child, I hereby authorize the staff of Amarillo Montessori Academy to obtain emergency medical care and to transport the child for emergency medical treatment.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

A written statement from a healthcare professional who has examined the child indicating the child is able to take part in the childcare program must be on file with AMA within one week after the date of enrollment. If this is not possible, please indicate the date of your upcoming appointment. \_\_\_\_\_

Please mark the diseases your child has had:

☐ Chicken Pox    ☐ Mumps    ☐ 3-day Measles    ☐ Whooping Cough  
☐ Other

Please mark any of these conditions your child has:

☐ Diabetes    ☐ Asthma    ☐ Kidney trouble    ☐ Heart ailments  
☐ Ulcers    ☐ ADD    ☐ Hay Fever    ☐ Headaches    ☐ Seizures  
☐ Hyperactivity    ☐ Other

Does your child have any special physical, emotional or learning challenges? If so, please explain the conditions and what special accommodation we may make to meet your child's needs at school.

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Does your child presently take regularly prescribed medication?    ☐ Yes    ☐ No

If so, what? \_\_\_\_\_

What discipline do you use at home?

☐ Physical    ☐ Lecture    ☐ Restriction    ☐ Other

What time does your child usually go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Please mark any of these experiences your child had difficulties within their early years:

☐ Eating    ☐ Sleeping    ☐ Speaking    ☐ Toilet training  
☐ Crying    ☐ Cuddling    ☐ Serious injuries    ☐ Discipline  
☐ Getting along with others

Explain \_\_\_\_\_

Has your child been hospitalized?    ☐ Yes    ☐ No    ☐ If so, at what age?

Reason \_\_\_\_\_

Has your child had their eyes checked?    ☐ Yes    ☐ No    ☐ Wears glasses

Has your child had their hearing checked?    ☐ Yes    ☐ No    ☐ Corrections

Has your child had their speech checked?    ☐ Yes    ☐ No

Describe child's physical development    ☐ Normal    ☐ Rapid    ☐ Slow

Date last pediatrician exam? \_\_\_\_\_

# Publicity and Marketing

The academy continually engages in advertising and marketing activities designed to inform the public concerning the Montessori method and philosophy and the way it is implemented at the school. Brochures containing pictures of children at their work, internet marketing, videotapes of programs in which the children perform, and slides of classroom activities are often used in public presentations. Please indicate your wishes regarding this below.

Amarillo Montessori Academy may use, publish, or broadcast any photograph, tape recording, or television tapes and may use the materials at its discretion any teacher using pictures for instructional purposes does so under this policy. I acknowledge the above policy and give my permission for the use of photographs, tape recordings, etc. of my child.

Child's Full Name \_\_\_\_\_

I **GIVE** permission for my child to be photographed, or tape recorded by Amarillo Montessori Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I **DO NOT** give permission for my child to be photographed, or tape recorded by Amarillo Montessori Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you consent to the lead teacher sending pictures to you via Procure?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

# Credit Card Payment Guarantee Form

By signing on this form, you are authorizing Amarillo Montessori Academy to consider this credit card "on file" to be used to guarantee payment of past due invoices. Any invoice from Amarillo Montessori Academy providing services that have become more than 30 days past due will be paid using the credit card. This authorization includes all charges shown on each invoice(s) which are past due. Services rendered are non-revocable charges and are due independent of the outcome.

This "Payment guarantees Only" form advises that you will be invoiced on NET 10 days terms (or other NET terms as agreed/accepted by Amarillo Montessori Academy in writing to provision of any services) and charges may be applied to the card only when invoice payments become delinquent. You will be notified by telephone prior to activating a payment guarantee charge, but Amarillo Montessori Academy is not obligated in any way to extend further terms.

My credit card is a \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Name as it appears on credit card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

3-digit card verification number \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

By my authorizing signature below, I agree that all charges placed on this credit card for all services are non-refundable and non-cancelable by me or any party authorized on this credit card.

\_\_\_\_\_ Date \_\_\_\_\_

Name of person authorizing payment of invoices by above credit card

\_\_\_\_\_ Date \_\_\_\_\_

Signature of person authorizing payment of invoices by above credit card

# Digital Recording and Video Surveillance Policy

To ensure the protection and security of the children who attend Amarillo Montessori Academy (the "Academy"), the teachers and staff employed by the Academy, parents of children and visitors to the Academy, the Academy is equipped with a video surveillance system and security cameras that monitor and record each classroom at the school. Cameras are in childcare areas but are not in bathrooms, diaper changing areas, or administrative offices.

Because we value and respect the privacy of all children, parents, teachers, and staff at the Academy, the video surveillance system and security cameras are for internal purposes only. The video feed and images are secure, will be stored on a hard drive located in the executive Director's office, viewable only on a computer located in that office, cannot be viewed remotely, and will not include a live video-streaming system. The video footage will not be continuously monitored.

The video footage will not be used for any unlawful or inappropriate purpose, including but not limited to any violation of the legal rights (including the rights of privacy and publicity) of other or the transmission of any defamatory, harmful, obscene, threatening, vulgar, profane, abusive, or racially, ethnically or otherwise objectionable or unlawful material.

Video footage will be viewed only in certain circumstances, including:

- (1) when an incident occurs requiring report and investigation by Texas Department of family and Protective Services Child Care Licensing;
- (2) when any child is injured requiring medical attention;
- (3) when any employee is injured requiring medical attention; and
- (4) when any inappropriate behavior is alleged to have occurred.

If any incident mentioned above occurs, the applicable video footage may be viewed first by the Executive Director. At his/her discretion, the footage may then be viewed by the member of the Executive Board. If the Executive Director and a member of the Executive Board find it necessary, the footage may also be viewed by an attorney. In the event the matter is not resolved at this point, the footage may, upon request, be viewed by a teacher, staff, or other employee involved in the delineated incident and his or her representative, if any, may also view the footage at this time if they so request. At any time, the footage may be viewed by a representative of the Texas Department of Family and Protective Services Child Care Licensing.

The Academy will maintain video footage for a period of thirty (30) days. The Academy will not, and is not obligated to, archive or otherwise maintain videotape or other reproduction of the content which appears on the video for future reference beyond thirty (30)

I, undersigned, agree that I have read and understand this Digital Recording & Video Surveillance Policy and I agree to comply with all policies and procedures contained herein.

Parent/Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

# Nutrition Policy

I, \_\_\_\_\_, the undersigned parent of \_\_\_\_\_, have read the nutrition policy in the parent handbook, (on paper or online). I understand that the childcare center is not responsible for meeting my child's daily food needs and I agree that I will undertake that responsibility.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent Handbook

Welcome to Amarillo Montessori Academy! Our parent handbook is available to read on our website: [amarillomontessori.com](http://amarillomontessori.com) or you can request a paper copy from the front office.

The staff is here to work with your family to make your child's education and care the very best it can be.

I acknowledge that I have read the parent handbook for Amarillo Montessori Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sunscreen and Bug Spray Consent Form

I **GIVE** permission to Amarillo Montessori Academy to apply sunscreen and/or bug spray to my child as needed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I **DO NOT** give permission to Amarillo Montessori Academy to apply sunscreen and/or bug spray to my child as needed.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Water Activities

1. I give my child consent to participate in the following water activities. Mark ALL that apply.

- ☐ Water table play
- ☐ Sprinkler play
- ☐ Splashing or wading pools
- ☐ Swimming pools
- ☐ Aquatic playgrounds

2. Is your child able to swim without assistance? Circle your answer.

Yes      No

3. Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? Circle your answer.

Yes      No

4. Do you want your child to wear a life jacket while in or near water? Circle your answer.

Yes      No

## NOTES:

1. We DO NOT have swimming pools or aquatic playgrounds NOR do we go to swimming pools, or aquatic playgrounds. You must either consent or not to consent to each activity.
2. We do not offer swimming lessons and understand that most of our student population is developmentally not swimming independently but Childcare still requires this to be answered.
3. While this may be hard to determine, answer to the best of your ability.
4. IF you would like your child to wear a life jacket while playing with, around, and or near water we request you send a life jacket for your child to wear with their name labeled on the life jacket.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_