Terms of Enrollment 2020-2021

The following statements conform to the requirements of the Texas Child Care Laws applying to all child care institutions. In signing the enrollment form, as parent or guardian, we hereby agree to the school policies and conditions as follows:

1. When brought to the school, the child is to be left in the presence of a staff member and the child may only be released to the parent or person designated in writing on the emergency contact/release authorization form.

2. We must have a report from any consultant regarding the admission of a child with a known need for special care. Please refer to the school handbook for all details of health certificate requirements.

3. Any observed problems or occurrences affecting the child will be brought to the attention of the parent.

4. In the event of illness or injury, the parent shall be called immediately, then the physician designate, or if desired, the child shall be taken to the nearest hospital.

5. We hereby agree to relieve the school and its employees of any liability for injury or accident occurring on the school premises or while on a field trip.

6. We consent to the taking of photographs and videos of this child as a student at the school.

7. It is understood that each new family must pay a $100 non-refundable enrollment fee and returning families each pay a $50 non-refundable enrollment fee.

8. Tuition: HALF DAY students $335/month (8:00-11:45) FULL DAY students $439/month (8:00-3:00).

9. Tuition refunds or allowances will not be made for absences from school due to illness or other circumstances. No adjustment to tuition will be made if a child is withdrawn before the end of the period for which the child has been enrolled.

10. Extended Care is available at an extra cost of $185/month for full day children and $200 a month for half day children. Stay and play is $10/hour for each child.

11. Fees will be added for picking up children late.

12. Tuition is due the 1st of each month. Tuition not paid on or before the 10th of each month becomes delinquent and a $25 late fee will be charged.

13. All payments must be paid by May 15th of said year in order to receive all paperwork and records. If payment is not received, said child will not be able to participate in graduation ceremonies at the end of the school year.

14. In order to supplement the income provided by tuition, the school sponsors two mandatory fundraisers per year.

15. Decisions concerning the promotion of a child from half-day to full-day attendance shall be made by the Directress in conjunction with the child’s parents. All students will attend the morning session, with older children (usual 4 ½ and older) staying for lunch and classes until 3:00pm.

16. All families shall pay annual AMI dues of $20 per child in order for the school to remain certified.

17. Each family must donate 10 work hours per semester. There is a $15 per hour fee to be paid to the school at the end of each semester for each hour not fulfilled.

18. Each family is responsible for supplying the groceries at least one week per semester, and washing the laundry at least once a semester, all of which earn work hours.

19. Maintenance fees, covering general maintenance, lawn care, etc. are determined at the beginning of each school year. This fee will be split up and evenly distributed throughout each monthly statement.

20. Supply fees, covering classroom and cleaning supplies, are determined at the beginning of each school year. This fee will be evenly distributed through each monthly statement.

20. Each family is required to participate in a two hour work day twice per year or pay a $75 fee per workday.

21. Any child who cannot use the restroom independently shall be sent home until s/he is able to do so.

22. The school reserves the right to permanently dismiss a student if:

a. The family fails to pay, in full, and delinquent bill within 60 calendar days after issue date

b. Any child exhibiting behavioral problems or disrespect to any staff member

c. The family fails to reasonably cooperate with the school in adhering to all policies.

23. Out of respect, students must arrive at school no later than 8:30 am to begin the school day. This allows the school day to progress with less interruption and distractions. If your student will be late due to an appointment etc. please let the school know in advance.

This agreement must be signed and returned to the school. Please keep a copy of this agreement for your records.

I have read this agreement in its entirety and agree to be bound by the terms stated.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terms of Enrollment 2020-2021

The following statements conform to the requirements of the Texas Child Care Laws applying to all child care institutions. In signing the enrollment form, as parent or guardian, we hereby agree to the school policies and conditions as follows:

1. When brought to the school, the child is to be left in the presence of a staff member and the child may only be released to the parent or person designated in writing on the emergency contact/release authorization form.

2. We must have a report from any consultant regarding the admission of a child with a known need for special care. Please refer to the school handbook for all details of health certificate requirements.

3. Any observed problems or occurrences affecting the child will be brought to the attention of the parent.

4. In the event of illness or injury, the parent shall be called immediately, then the physician designate, or if desired, the child shall be taken to the nearest hospital.

5. We hereby agree to relieve the school and its employees of any liability for injury or accident occurring on the school premises or while on a field trip.

6. We consent to the taking of photographs and videos of this child as a student at the school.

7. It is understood that each new family must pay a $100 non-refundable enrollment fee and returning families each pay a $50 non-refundable enrollment fee.

8. Tuition: HALF DAY students $335/month (8:00-11:45) FULL DAY students $439/month (8:00-3:00).

9. Tuition refunds or allowances will not be made for absences from school due to illness or other circumstances. No adjustment to tuition will be made if a child is withdrawn before the end of the period for which the child has been enrolled.

10. Extended Care is available at an extra cost of $185/month for full day children and $200 a month for half day children. Stay and play is $10/hour for each child.

11. Fees will be added for picking up children late.

12. Tuition is due the 1st of each month. Tuition not paid on or before the 10th of each month becomes delinquent and a $25 late fee will be charged.

13. All payments must be paid by May 15th of said year in order to receive all paperwork and records. If payment is not received, said child will not be able to participate in graduation ceremonies at the end of the school year.

14. In order to supplement the income provided by tuition, the school sponsors two mandatory fundraisers per year.

15. Decisions concerning the promotion of a child from half-day to full-day attendance shall be made by the Directress in conjunction with the child’s parents. All students will attend the morning session, with older children (usual 4 ½ and older) staying for lunch and classes until 3:00pm.

16. All families shall pay annual AMI dues of $20 per child in order for the school to remain certified.

17. Each family must donate 10 work hours per semester. There is a $15 per hour fee to be paid to the school at the end of each semester for each hour not fulfilled.

18. Each family is responsible for supplying the groceries at least one week per semester, and washing the laundry at least once a semester, all of which earn work hours.

19. Maintenance fees, covering general maintenance, lawn care, etc. are determined at the beginning of each school year. This fee will be split up and evenly distributed throughout each monthly statement.

20. Supply fees, covering classroom and cleaning supplies, are determined at the beginning of each school year. This fee will be evenly distributed through each monthly statement.

20. Each family is required to participate in a two hour work day twice per year or pay a $75 fee per workday.

21. Any child who cannot use the restroom independently shall be sent home until s/he is able to do so.

22. The school reserves the right to permanently dismiss a student if:

a. The family fails to pay, in full, and delinquent bill within 60 calendar days after issue date

b. Any child exhibiting behavioral problems or disrespect to any staff member

c. The family fails to reasonably cooperate with the school in adhering to all policies.

23. Out of respect, students must arrive at school no later than 8:30 am to begin the school day. This allows the school day to progress with less interruption and distractions. If your student will be late due to an appointment etc. please let the school know in advance.

This agreement must be signed and returned to the school. Please keep a copy of this agreement for your records.

I have read this agreement in its entirety and agree to be bound by the terms stated.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAY AND PLAY

This option is available if all openings for regular Extended Care are not filled on the requested day. Stay and Play is a per hour charge and is NOT meant to be used on a regular basis. If your child is staying more than 2 days per week, you will be invoiced at the standard Extended Care rate. Stay and play is available in the morning from 7am-8:30 and from the end of the day (half or full) until 6pm.

The school MUST be contacted in advance to request the Stay and Play option in order to verify that space is available. Confirmation will be given if Stay and Play is available and denied if all the openings are filled for that day.

If the child is dropped off for school and stays for Stay and Play without prior permission, that child’s parents indicated on the emergency card will be called to pick up the child. The child can NOT stay for Stay and Play when all openings are already filled up for that day due to State of Texas Regulations.

The fee is $10/hour per child. Payment for Stay and Play is due when picking up your child. If payment is not received within 2 days of the Stay and Play day, you will receive a statement for that time with a $25 late fee.

EXTENDED CARE

School hours are 8:00am – 11:45am for half day students and 8:00am – 3:00 pm for full day students. Extended Care is available from 7am until 6 pm for $185/month for Full Day students and $200/month for half day students. To ensure that we have enough staff available, please contact the school if you would like to use our extended care option.

Rate Schedule 2020-2021

**Tuition**

Full-Day Students - 8:30 a.m. - 2:45 p.m. - - - - $439/month ($3,951.00 annually)

Half-Day Students - 8:30 a.m. – 11:45 p.m. - - - $335/month ($3019.00 annually)

Extended Care - before 8:00 a.m./after 3:00 p.m. - - $185/month for Full Day

 $200/month for Half Day

**Miscellaneous Fees**

Waitlist Application Fee per child - - - - $50 new students/one time

Enrollment Fee - per child - - - - $100 new students/one time

 $50 returning students/one time

Maintenance Fee - per child - - - - $40/month

Supply Fee - per child - - - - $ 10/month

AMI Dues - per child - - - - $20/annually

Missed Work Day - 1 work day required per family

 per semester - - - $75/per day missed

Missed Work Hours - 10 work hours required per family

 per semester - - - $15/per hour missed

Late payment Fee - per payment not received by

 the 10th of the month - - $25/per occurrence

Stay and Play per hour before and after school times $10/per hour

**Discounts**

Sibling Discount - per child after oldest child - - 10% off/per month

Full Year Pre-pay - payments must be received by Sept. 1 - 10% off entire year

Semester Pre-pay - payments must be received by Sept. 1/Jan. 1 5% off entire year

**Discipline and Guidance Policy for School of Montessori, Inc**

◆ 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

My signature verifies 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

The School of Montessori Potty Training Policy

The school of Montessori is an Association Montessori International (AMI) certified school. Our primary program serves children from the ages of 2‐1/2 to 6 years. In accepting younger children (under the age of 3), it’s important for parents to understand the need for all children to be potty trained. Your adherence to this policy helps ensure a positive first school experience for your child and the other children in their class. You must agree to the following for your child to attend The School of Montessori.

Your potty trained child …

∙ Will tell the teacher he/she needs to go to the bathroom.

∙ Is able to go to the bathroom (either urinating or a bowel movement) on his/her own. This includes being able to remove clothing, sitting on the toilet, wiping himself/herself (without using an enormous amount of toilet paper), putting clothing back on, flushing the toilet, and washing and drying his/her hands.

 ∙ Is aware of the need to use the toilet without reminders from the teachers (although, teachers do make requests of children at various times of the day, for example, before or after meals, and before going out to the playground, etc.).

 ∙ Will not be in diapers or pull‐ups at all. He/she must be in regular underwear.

Our school does not have the staffing to potty train our students. If a teacher is spending their time with potty training, then they are not able to work with your child and the other children in our routine daily activities. This is neither fair to your child or to the other children.

 Our staff is aware that accidents happen. That is why we ask you to keep a change of clothing at school. However, if your child has accidents every day they are in school, we do not consider your child to be potty trained.

If your child has more than 2 accidents in a day, they will be sent home for the remainder of the day.

Starting the week of Labor Day, if your child has more than 2 accidents per week, they will be sent home for two weeks to work on potty training.

If accidents continue to happen regularly, after the child has been sent home to work on potty training, the School of Montessori reserves the right to terminate enrollment.

I (we) have read and understand the policy of The School of Montessori on potty training and will comply with those requirements.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Admission Information**  

 **2020-2021 School Year**

|  |
| --- |
| **GENERAL INFORMATION**   |
| Operation’s Name:     School of Montessori Inc  | Director's Name:      Kelly Windhorst |
| Child’s Full Name:       | Child’s Date of Birth:      | Child Lives With:   Both parents    Mom   Dad    Guardian  |
| Child’s Home Address:      |
| Date of Admission:      | Date of Withdrawal:      |
| 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.  |
| Parent 1 Telephone No.      | Parent 2 Telephone No.      | Guardian's Telephone No.      | Custody Documents on File:   Yes    No |
| 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 and Phone Number:      | Name and Phone Number:      | Name and Phone 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 home   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.**Comments:**       |
| **3**.**WATER ACTIVITIES**I give consent for my child to participate in the following water activities:   water table play    sprinkler play    splashing/wading pools    swimming pools    aquatic playgrounds |
| **4**.**RECEIPT OF WRITTEN OPERATIONAL POLICIES** |
| I acknowledge receipt of the facility's operational policies, including those for: |
|   Discipline and guidance |   Procedures for release of children |
|    Suspension and expulsion |    Illness and exclusion criteria |
|    Emergency plans |    Procedures for dispensing medications |
|    Procedures for conducting health checks |    Immunization requirements for children |
|    Safe sleep |    Meals and food service practices |
|    Procedures for parents to discuss concerns with the director |    Procedures to visit the center without securing prior approval |
|    Procedures for parents to participate in operation activities |    Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website |
| **5**. **MEALS**I understand that the following meals will be served to my child while in care:   None    Breakfast    Morning snack    Lunch    Afternoon snack    Supper    Evening snack |
| **6. DAYS AND TIMES IN CARE**My child is normally in care on the following days and times: |
| **Day of the Week** | **AM** | **PM** |
| Monday |       |       |
| Tuesday |       |       |
| Wednesday |       |       |
| Thursday |       |       |
| Friday |       |       |
| Saturday |      x |      x |
| Sunday |      x |      x |

|  |
| --- |
| **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).   |
| Signature - Parent or Legal Guardian:      | Date Signed:      |

|  |
| --- |
| **SCHOOL AGE CHILDREN**    |
| My child attends the following school:  |
| Name of School:The School of Montessori       | School Phone Number:     (409) 727-5444 |
| 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:      |

|  |
| --- |
| **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.  Please check only one option:  |
| 1. 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.
 |
| Health Care Professional's Signature:      | Date Signed:      |
| 1. A signed and dated copy of a health care professional's statement is attached.
 |
| 1. 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.
 |
| 1. 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 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 reason 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**   |
| R 20/      | L 20/      |    Pass |    Fail |
| Signature:      | Date Signed:      |

|  |
| --- |
| **HEARING EXAM RESULTS**   |
| **Ear** | **1000 Hz** | **2000 Hz** | **4000 Hz** | **Pass or Fail** |
| Right |       |       |       |    Pass    Fail |
| Left |       |       |       |    Pass    Fail |
| Signature:      | Date Signed:      |

|  |
| --- |
| **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** |
| Hepatitis B | Birth (first dose)1–2 months (second dose)6–18 months (third dose) |                 |
| Rotavirus | 2 months (first dose)4 months (second dose)6 months (third dose) |                 |
| Diphtheria, Tetanus, Pertussis | 2 months (first dose)4 months (second dose)6 months (third dose)15–18 months (fourth dose)4–6 years (fifth dose) |                           |
| Haemophilus Influenza Type B | 2 months (first dose)4 months (second dose)6 months (third dose)12–15 months (fourth dose) |                      |
| Pneumococcal | 2 months (first dose)4 months (second dose)6 months (third dose)12–15 months (fourth dose) |                      |
| Inactivated Poliovirus | 2 months (first dose)4 months (second dose)6–18 months (third dose)4–6 years (fourth dose) |                      |
| Influenza | Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group. |                                |
| Measles, Mumps, Rubella | 12–15 months (first dose)4–6 years (second dose) |            |
| Varicella | 12–15 months (first dose)4–6 years (second dose) |            |
| Hepatitis A | 12–23 months (first dose)The second dose should be given 6 to 18 months after the first dose. |            |

|  |
| --- |
| **PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION**   |
| Signature or stamp of a physician or public health personnel verifying immunization information above: |
| 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](http://www.dshs.state.tx.us/immunize/public.shtm).   |

|  |
| --- |
| **TB TEST (IF REQUIRED)**   |
|    Positive |    Negative | Date:       |

|  |
| --- |
| **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**   |
| DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.   |

|  |
| --- |
| SIGNATURES   |
| Child's Parent or Legal Guardian:X       | Date Signed:      |
| Center Designee:X       | Date Signed:      |

Operational Policies

1. School Days: Monday- Friday (August-May) Facility # 208015

 School Hours: 7:00am to 6:00pm

 Half Day Student Hours: 8:00am to 11:45am

 Full Day Student Hours: 8:00am to 3:00pm

 Before School and After School Day Care is available

 Summer Extended care Available on a “need” basis (June-August) Monday-Friday 7am-6pm

 (Each year the School Board will analyze if Summer Extended Care is beneficial to be offered).

1. Procedure for dispensing medication:

Anytime the parents want the staff to administer any type of medication they will have to fill out an “Authorization for Dispensing Medication Form” at the school. All medication must be in the original container labeled with the child’s name and instructions for administering the medicine must correspond with the label instructions. Medication must also include the date and the name of the physician and release the facility and its staff from all liability for reaction which the child may suffer from this medication.

1. Immunization Requirements: At the time of admission or within one week of admission, a copy of the Texas Department of Health Immunization Division Form should be admitted to the school. A detailed health requirement form is also attached to your handbook which must be completed and returned to the school to be filed in the child’s record.
2. If at any time the school requires a Tuberculin Skin Test, I will provide the copy of the TB test results. Texas State Law requires that all children enrolling in extended care and school must be immunized against the following diseases: Hepatitis B, Diphtheria, Whooping Cough, Tetanus, Polio, Measles, Mumps, Rubella, Vermicular, Haemophilus influenzae type B and Pneumococcal.
3. Hearing and Vision Screening Requirements: The Special Senses and Communications Disorders Act, Texas Health and Safety Code require that all 4 and 5 year old children are provided with a Vision and Hearing Screening each year. Should the school administer the test; a permission form will be provided prior to the exam. No child will be screened without a permission form signed by either a parent or a guardian.
4. Students will not be enrolled into the school until they are fully potty trained and weaned from bottle and/or breastfeeding. A designated space is available to anyone needing to breastfeed their other children while at school.
5. If at any time there will be a change in the school policy, the parents will be notified of the change through the newsletter or through a separate circular.
6. Parents are welcome to discuss and review any questions or concerns about the policies and procedures of the school with the School Directress or the School Board by appointment.
7. Parents are welcome to visit the School of Montessori at any time during the school hours of operation to observe their child without prior approval.
8. 10. Parents can review the school’s most recent Licensing Inspection Report posted in the office at any time.
9. Parents can report abuse and neglect to the Texas Department of Protective and Regulatory Services or to Law Enforcement Services. Call 1-800-252-5400 to make a confidential report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

 Signaure Date

Payment Information Sheet

Dear Parents/Responsible Party,

The School of Montessori exists because of the hard work of our parent school board. These positions require an investment of personal time. In order to simplify our record keeping and make the transition as smooth as possible, please note the following:

* 2020-2021 Payments must be made by Direct Withdrawal from your bank account or using a debit/credit card using the Brightwheel system. Tuition will automatically be withdrawn from your account each month using Brighwheel’s autopay system.
* All tuition rates are prorated monthly and charged at the rate of $335 for half day and $439 for full day. August tuition is prorated for the short month. Your first tuition bill is due September 1, and will include August and September as well as the one-time AMI fee and monthly maintenance and supply fee.
* Students paying for the full school year in August receive a 10% discount
	+ Full day tuition and fees paid in advance: $3951.00
	+ Half day tuition and fees paid in advance: $3087.60
* We need to know if your child’s tuition will be paid monthly or annually, and if they will enroll in extended care. Please return the bottom portion by June 1.
* Mrs. Ashley, our lead teacher, is in charge of deciding the student’s readiness for full day status. Please contact us if you have any questions.

With care,

Montessori School Board Treasurer

schoolofmontessori.treasurer@gmail.com

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Tuition will be paid monthly

\_\_\_ Tuition will be paid by semester (5% discount)

\_\_\_Tuition will be paid annually (10% discount)

Choose If using extended care:

\_\_\_Extended care will be paid monthly (+ $180.00/$200.00 monthly)

\_\_\_Extended care will be paid annually (+1620.00/$1800 annually with 10% discount included)