

About Your Child

1. What foods does your child especially like? _____
2. Especially DISLIKE? _____
3. Favorite games, toys, activities? _____
4. Is your child toilet trained? _____ What words does your child use for toilet? _____
5. How does your child express anger or frustration? _____
6. Does your child have any specific fears? _____
EXPLAIN _____
7. When your child is upset, what helps to comfort him or her? _____
8. How do you DISCIPLINE your child? _____
9. Has your child been taking an afternoon nap? _____ If so, how long? _____
If not, why? _____
10. Special toy or blanket for nap? _____
11. Special family situations? (such as custody specifications or problems arising from situations, etc.)

12. Anticipated adjustment problems?

13. Any disorders/developmental? (slow, advanced) diagnosed or suspected?

14. Previous child care attended: _____
15. Any problems at previous daycare?

16. Expectations of daycare home?

17. OTHER COMMENTS

ADMISSION INFORMATION

Operation Name Liberty Hill Montessori Pre-School		Director's Name Norma Copenhaver	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION: <div style="display: flex; justify-content: space-between;"> Walk home <input 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 </div>			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips: Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: <input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<hr style="border: none; border-top: 1px solid black;"/> Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

Child daycare 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

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

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 / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. 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.

4. 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 will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
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Signature or stamp of a physician or public health personnel verifying immunization information above. _____

Signature or stamp of a physician or public health personnel verifying immunization information above. _____ Signature _____ Date _____

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.

statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature _____ Date _____

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian _____ Date _____

Purpose:

These questions are designed to give you the information needed to provide the best, most appropriate care for children. This information is confidential and parents must be reassured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child. It can help start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

The assessment should be completed prior to enrollment. Give parents an opportunity to review your enrollment forms and parent handbook before you complete the assessment form. The parent handbook or operational policies set forth your program's philosophy and values.

The enrollment interview is the time to obtain critical information about the child and provide information on your program's operational policies, such as health checks (if conducted), procedures for the release of children, and illness and exclusion criteria. It also provides parents an opportunity to assess your program and determine if it is best suited for their child's needs.

Child Name (last, first, middle)		Social Security No.*	Enrollment Date	Date of Birth
Street Address (if rural, attach directions)		City	County	Zip
Mailing Address (if different) -- Street or P.O. Box		City	County	Zip
Telephone No. (include A/C)				

* If applicable.

1. Health

Does your child have any allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?			
How should we respond if he/she has an allergic reaction?			
Does your child have an existing illness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Toileting:

Does your child need assistance with toileting?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			
Are there any particular routines that are particularly helpful at naptime?			

What position is most comfortable for your child when he/she is napping?	
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4. Eating Preferences:

What are your child's favorite foods?		
Does your child use utensils, eat with fingers, feed self?		
Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)	
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I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

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Emergency Contact Information

Grade in school _____

Date of Admission _____

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Work Place _____ Work Phone _____

Work address _____ e-mail _____

Father's Name _____ Cell Phone _____

Address _____ City, Zip _____

Work Place _____ Alt. Phone _____

Work address _____ email _____

Is this person authorized to make medical decisions for your child if you can not be reached? _____

#1 Alternative Contact _____ Cell Phone _____

Address _____ City, Zip _____

Relationship to child _____ Alt. Phone _____

Is this person authorized to make medical decisions for your child if you can not be reached? _____

#2 Alternative Contact _____ Cell Phone _____

Address _____ City, Zip _____

Is this person authorized to make medical decisions for your child if you can not be reached? _____

Physician or Clinic: _____ Phone _____

Medical Plan _____ Medical Card# _____

Medical Conditions _____ Allergies _____

Medications _____ Hospital

Preference _____

Discipline and Guidance Policy for Liberty Hill Montessori Preschool
Name of Operation

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

Infant Information Sheet

Getting to Know your Infant

Please fill out this form for your child ages 6 weeks to 18 months. It will help me get to know your child better. Thank You!

Child's Name: _____ Child's Date of Birth: _____

_____ Premature Birth _____ Full Term Child's Birth Weight: _____

Has the child stayed with anyone else besides the parents? _____ If so, who? _____

Is the child bottle or breast fed? _____ If both, when do you use bottle vs breast?

How do you give bottle, warmed, room temperature or cold? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does the child hold his or her own bottle? _____

Is the child on formula or milk? _____

What kind of milk or formula do you use? _____

Is the child on cereal? _____ What kind? _____

Is the child on strained or other baby foods? _____ List the varieties you use: _____

Food Likes: _____

Food Dislikes: _____

List the amounts of food, types of food and the times your child usually eats.

Breakfast: _____

Lunch : _____

Snack: _____

Will your child have a bottle or be breast fed before arriving? _____

Does your child use a pacifier? _____ When? _____

Does your baby need a special comfort item to sleep with? _____ What is it? _____

Does your child sleep through the night? _____ If not how often do they wake and what do you do when they wake? _____

When does your child wake in the morning? _____

When does your child nap? Morning? _____ Afternoon? _____

Please list any other important information or special instructions on the care of your child below:

Signature _____ Relationship to Child _____

Date _____

Student Enrollment Required Document Checklist

- Admissions Application
- About Your Child Form
- Discipline & Guidance Policy
- Emergency Contact Information
- Getting to Know Your Infant
- Parent's Handbook Acknowledgement **** (Last page of Parent Handbook) ****
- Tuition Payment Agreement

Liberty Hill Montessori Preschool

14370 Hwy 29 W.

Liberty Hill, Texas 78642

512-778-5555

Please Check One

I will pay my child's tuition monthly _____, Bi-weekly _____

Weekly _____

I understand the conditions of payment and the late charges that may be imposed for late payment.

Payment Terms:

A registration fee of \$100.00 is payable upon enrollment. A supply fee of \$75.00 is due each year on the anniversary of enrollment. There are no other book or tuition fees charged during the course of the enrollment year.

Tuition is paid on a monthly, bi-weekly or weekly basis depending on the services chosen. Weekly tuition is due on each Monday of every week. Bi-weekly tuition is due on the first Monday of the two week period and Monthly tuition is due on or before the first of each month. If payment is in cash, it must be handed to the Director or Assistant Director, and a cash receipt will be returned. Checks are made payable to "Liberty Hill Montessori Preschool". There will be a service fee of \$35.00 for each check returned by the bank. This service fee is due at the time of notification. If tuition is not paid by the close of business on the third day of each week or bi-weekly period or the fifth of each month, a late fee of \$50.00 will be assessed. Please contact the Director if alternative arrangements must be made.

There is no credit for scheduled school closings and holidays, children's illness, or school closings due to inclement weather and acts of God.

There will be a late fee charged for each child not picked up by 6:00 pm, as Liberty Hill Montessori Preschool is required to pay faculty who stay late. A \$10.00 charge per child will be assessed for the first 15-minute period, at which time an additional \$5.00 will be added for each 5-minute period. If a parent or guardian has not contacted us by 7:00 pm, we are required to inform the proper authorities.

Child's Name: _____

Parent Signature: _____

Date: _____