



Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

## ENROLLMENT FORM

GENERAL INFORMATION	
Operation's Name: <b>Veranda Montessori School</b>	Director's Name: _____
Child's Full Name: _____	Child's Date of Birth: _____
Child's Home Address: _____	Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad Other: _____
<b>Father's Full Name</b> _____ Cell Phone No.: _____ Work Phone No.: _____ Address (if different from the child's): _____ _____ City, State, Zip _____ Email Address _____	<b>Mother's Full Name</b> _____ Cell Phone No.: _____ Work Phone No.: _____ Address (if different from the child's): _____ _____ City, State, Zip _____ Email Address _____
Is there a custody order on file with The State of Texas? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING *If circled YES, a current copy of your court order MUST be attached	
<b>CHECK ALL THAT APPLY:</b>	
<b>1. TRANSPORTATION</b> I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school	
<b>2. FIELD TRIPS:</b> <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I do not give consent for my child to participate in field trips.	
<b>3. WATER ACTIVITIES</b> I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play	
<b>4. RECEIPT OF WRITTEN OPERATIONAL POLICIES</b> <input type="checkbox"/> I acknowledge receipt of the facility's operational policies, including those of discipline and guidance.	
<b>5. MEALS:</b> 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"/> Morning Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack	
<b>6. DAYS AND TIMES IN CARE:</b> My child is normally in care on the following days and times: <input type="checkbox"/> 5 Day Program <input type="checkbox"/> 3 Day (Tues. Wed. Thurs.)	

<b>Program</b>	<input type="checkbox"/> <b>Full Day</b> (6:30a.m - 6:30p.m.)
	<input type="checkbox"/> <b>Half Day</b> (8:00a.m - 12:00p.m.)
	<input type="checkbox"/> <b>School Day</b> (8:00a.m - 3:00p.m.)
	<input type="checkbox"/> <b>Afterschool</b> (3:00p.m - 6:30p.m.)

**School Age Children - Admission Information [Applicable for AFTERSCHOOL children ONLY]**

My child attends the following school:	School Phone Number:
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My child has permission to (check all that apply):

walk to or from school       ride a Veranda Montessori Bus

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
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Name of Emergency Care Facility:	Address:	Phone Number:
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I give consent for the facility to secure any and all necessary emergency medical care for my child.	<b>Signature - Parent or Legal Guardian.</b>	<b>Date Signed</b>
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**CHILD'S SPECIAL CARE NEEDS (check all that apply)**

Environmental allergies     Food intolerances     Existing illness     Previous serious illness     Other

Injuries or hospitalizations during the past 12 months     any medication prescribed for long-term continuous use

**Explain any needs selected above:**

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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. To learn more, visit [www.ada.gov/resources/child-care-centers/](http://www.ada.gov/resources/child-care-centers/). 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).

<b>Signature - Parent or Legal Guardian</b>	<b>Date Signed:</b>
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**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:

I have attached a copy of a health care professional's statement.

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.

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.

<b>Signature - Parent or Legal Guardian:</b>	<b>Date Signed:</b>
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**IMMUNIZATION REQUIREMENTS**

I have attached my child's Immunization record along with this application.

I understand that I must update my shot record to be placed in my child's file every time my child gets a vaccination. If your child is not current with licensing standards, we will not be able to care for your child until they are up to date.

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.

# Emergency Contact and Release Form


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

Please list the individuals you would like us to contact **in order of priority**, ensuring they **live within one hour of the school**, in case you cannot be reached during an emergency. These individuals will be authorized to pick up or accompany your child for medical treatment. For your child's safety, all authorized individuals unfamiliar to our staff will be required to provide government-issued photo identification at the time of pick-up.

<b>Name:</b>	<b>Relationship to child:</b>
<b>Address:</b> _____	
<b>Cell Phone No:</b>	<b>Home Phone No:</b>
<b>Employer:</b>	<b>Work Phone No:</b>

<b>Name:</b>	<b>Relationship to child:</b>
<b>Address:</b> _____	
<b>Cell Phone No:</b>	<b>Home Phone No:</b>
<b>Employer:</b>	<b>Work Phone No.</b>

<b>Name:</b>	<b>Relationship to child:</b>
<b>Address:</b> _____	
<b>Cell No:</b>	<b>Alternate Phone no:</b>
<b>Employer:</b>	<b>Work Phone No:</b>

Signature of Child's Parent or Legal Guardian: 	Date Signed:
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**PARENT HANDBOOK ACKNOWLEDGEMENT**

I acknowledge that I have read through the entire Parent Handbook and I have been given the opportunity to ask questions regarding Veranda Montessori policies. I acknowledge that my signature on this form indicates that I understand what I have read and will adhere to the rules and policies stated in the Parent Handbook. I understand that the policies and procedures set in the Handbook are in the best interest of my child and are there to protect them and provide for them while my child is at Veranda Montessori. I understand that Veranda Montessori has the right to terminate care at any time if the parent policies are not followed.

Signature of Child's Parent or Legal Guardian:

Date Signed:

X

**PHOTO AUTHORIZATION**

I, give Veranda Montessori permission to use/take photos and videos of my child during school hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print, school website or social media pages.

- Yes, I give permission for my child to be photographed, or their images recorded for print or electronic use on our social media and websites. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above use. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.
  
- No, I do not wish to have my child photographed.

Signature of Child's Parent or Legal Guardian:

Date Signed:

X

# Healthcare Provider Statement

If your child does not attend pre-kindergarten or school outside of the child care operation, a Healthcare Provider Statement must be presented on their first day of attendance. Doctor's offices may use their own form or this form. The signed form can be emailed to [info@montessoriveranda.com](mailto:info@montessoriveranda.com)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

This is to certify that I have examined the child listed on this form on \_\_\_\_\_  
and found him/her to be healthy, free of contagious diseases, and able to participate in  
school/daycare activities.

Physician Signature: \_\_\_\_\_

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