

Cypress Creek Montessori School

Registration Form

Name of Child _____
Child' Address _____ Telephone No. _____
Date of Birth _____ Age _____ Sex: M F
Preferred Start Date _____

Please check all that apply:

Class: Toddler (18 - 36 months) _____ Primary (3 - 6 yrs.) _____
Full-Time (M-F) _____ Part-Time (MWF) _____ Part-Time (TTH) _____
Hours and days child will be at school _____
Will child have a sibling enrolled? Name _____
Date of Birth _____ Class _____

Parent/Guardian Information

Parent's/Guardian's Name _____
Address (if different from child's address) _____
Dad's place of employment _____ Work Telephone No. _____
Mom's place of employment _____ Work Telephone No. _____
Guardian's place of employment _____ Work Telephone No. _____

Emergency Information

Give name of persons to call in case of emergency if parent/guardian cannot be reached:

Name _____ Telephone No. _____ Relationship _____
Name _____ Telephone No. _____ Relationship _____

Personal Information

List any special medical, physical, nutritional, or behavioral needs that the staff of Cypress Creek Montessori School should be aware of for your child's benefit.

Parent's signature

Date

**Cypress Creek Montessori
Enrollment Information**

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

Days and Hours of Care: _____

Child's Address: _____
(Street) (City) (Zip)

Home Phone: _____

Parent's or Guardian's Name: _____ Driver's License# _____ DOB: _____

Day Phone Numbers: _____
(Mother) (Father) (Guardian)

E-Mail Address _____

Emergency Contact: _____
(Name and day phone#)

I hereby authorize the daycare to allow my child to leave the facility **ONLY** with the following persons: 1. _____ 2. _____ 3. _____
(name and phone#) (name and phone#) (name and phone#)

Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months and medication prescribed for long-term continuous use, or any other information which the staff should be aware of. _____

Discipline and Guidance Policy for _____

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

Acknowledgement

I acknowledge that I have received Cypress Creek Montessori School Parent's Handbook. I understand the school's policies and will respect them. I realize these policies supersede any previous policies and that additions and changes may be made to school policies without notice. Below are some significant items that parents need to be aware of:

Holidays – We are closed on the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (Wed., Thur. & Fri.) and Winter and Spring Break. When a traditional holiday falls on a weekend, we observe the holiday in accordance with the national Monday Holiday Bill. Because our tuition is set on an annual basis, there is no reduction in tuition for holidays.

Birthday Celebrations – We have a special way of celebration Birthday at Cypress Creek Montessori. It is much different than a traditional American Birthday; it is much more conducive to the classroom environment. Please do not bring birthday cake but please do participate in our Montessori birthday participation.

Medication Policy – Each day that a child is required to take medication at the center, parents must complete a "Medication Authorization Form" in the office. The medication must be kept in its original container and the following information must be clearly stated: the child's name, doctor's name, prescribed dosage, and date. Please leave a medication spoon with your child's name on it. We cannot administer over the counter medications to children under 2 years old without a signed doctor's statement with the child's name and dosage. This will be kept in the child's permanent file. The school will only apply insect repellent if the parent signs a waiver and signs up for it on the medication form. Please do not leave any type of medicine in your child's bag.

Emergency Dismissal – Occasionally Cedar Park has flash flood warnings and other severe weather conditions. CCMS will be closed on any day that LISD has cancelled school because of weather conditions; or if it is not during the school session if city employees are excused from work. As with any missed days tuition cannot be refunded for a missed day due to weather.

Financial Policies – Tuition – Monthly tuition is due and payable on the 1st of the month. A \$5.00 late fee is added each day after the 5th of the month. Tuition and other fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of other days of attendances as "make up" days.

Part Time Late Fee – The part time schedule is from 8:00 to 4:00. If your child is on a short day program and they remain at the school after 4:30 pm, you will be billed a \$5.00 late fee (unless arrangements were made in advance) plus \$4.00 for each additional hour your child is at the school.

Late Fee – Full day students must be picked up by 6:30 pm. There is a late fee of \$1.00 per minute per child for parents who arrive after 6:30.

Class or Schedule Change – If your child moves to another class with a different tuition, no mid-month adjustments are made. You will be billed the new tuition rate in the following month. Please also note our schedule change policy in your handbook.

Supply Fee – A bi-annual supply fee of \$100 per child is billed in August and February for classroom supplies, art and craft supplies, computer programs, and manipulative and Montessori materials.

Deposits – Your refundable deposit of \$100 will be refunded when you provide the written notice of withdrawal more than 30 days in advance.

Sibling Discounts – Families enrolling more than one child in a full time program will receive \$50 discount on the tuition of the second and additional children that are enrolled.

Absences and Vacation – We cannot offer tuition reductions for absences and vacations.

Temporary Absences of Two Weeks or More – If you want a guarantee that your spot will be held for you, you must pay the tuition. If you do not pay the tuition your spot may be filled, but you will be put on the top of our waiting list.

Photography – We often document your child's activities by taking photographs. Photos are for school use only and are available by request.

Signature of Parents _____

Date _____

**Cypress Creek Montessori
Parental permission to publish photographs**

Please complete the following form to authorize that photographs taken of your child may be used for online publication on our school website, cypresscreekmontessori.com. This means that all photographs taken of your child by our staff may be edited and published as described above.

Parents permission

- I, parent/legal guardian of _____ (student's name), authorize Cypress Creek Montessori to publish photographs of my child on the school website. I understand that any photographs and examples of student work published will remain on the website at the discretion of the publishers. The children will not be identified by name.

Signature _____ Date _____

HEALTH REQUIREMENTS

Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / booster	Date / booster
DTP / DTaP / DT					
POLIO IPV or OPV					
MEASLES Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Varicella (see below)					
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	

Signature of Health Care Professional _____ Date _____

Signature of staff making handwritten copy of record _____ Date _____

ADMISSION REQUIREMENT: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

Health Care Professional's Signature _____
Date

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) OR Texas Health Steps Program, if no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic.

If you do not have any of the above:

PARENT'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:

Or

Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the day care facility.
OR

My child has an appointment for a physical examination:

Date: _____ Name and Address of health care professional: _____

I will submit the statement, from a health care professional to the child-care facility following the examination.

Signature - Parent or Legal Guardian _____
Date

HEARING	DATE			SIGNATURE	
Hz	1000	2000	4000	PASS <input type="checkbox"/>	
R				FAIL <input type="checkbox"/>	
L					
VISION	DATE			SIGNATURE	
R20/	L20/			PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	

NOTE: If medical diagnosis and treatment and / or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and / or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a health care professional) to that effect and attach it to this form.