



## Admission Form

**Directions: Please fill out this Admission Form in its entirety. EVERY box must be completed unless it indicates "office only." Please write N/A where appropriate. Thank you!**

General Information			
Operation's Name: <b>Jarrell Montessori</b>		Director's Name: <b>Laura FastHorse</b>	
Child's Full Name:		Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal (Office Only):
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian ( <i>if different from the child's</i> ):	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone Number:	Parent 2 Phone Number:	Guardian's Phone Number:	Custody Documents on File, if any? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>In case of an emergency, call:</b>			
Name of Emergency Contact:		Relationship:	Area Code and Phone Number:
Address:			
I authorize Jarrell Montessori <b>to release</b> my child to leave the school property <b>ONLY</b> with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID. <b>At least one person must be listed. Do NOT list family members already indicated above.</b>			
Name:			Area Code and Phone Number:
Name:			Area Code and Phone Number:
Name:			Area Code and Phone Number:

### Parent Handbook/Food Allergies/Well Check/Safe Sleep/Meals

**Parent Handbook:** I understand that Jarrell Montessori's Parent Handbook is posted on Jarrell Montessori's website at Jarrellmontessori.com and am responsible for reading it and following the policies and procedures mentioned therein. I acknowledge receipt of Jarrell Montessori's Parent Handbook which includes operational policies listed below. \_\_\_\_\_ *Initial Here*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Discipline and guidance</li> <li>Suspension and expulsion</li> <li>Emergency plans including criteria for severe weather</li> <li>Procedures for conducting health checks</li> <li>Safe sleep</li> <li>Procedures for parents to discuss concerns with the director</li> <li>Promotion of physical activity</li> <li>Procedures for parents to participate in operation activities</li> <li>Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website</li> </ul> | <ul style="list-style-type: none"> <li>Procedures for release of children</li> <li>Illness and exclusion criteria</li> <li>Procedures for dispensing medications</li> <li>Immunization requirements for children</li> <li>Meals and food service practices</li> <li>Procedures to visit the center without securing prior approval</li> </ul> |
|---|---|

**Food Allergies:** If your child has food allergies, please provide the Food Allergy Action Plan from your doctor's office as well as verbally inform Administration and your child's teacher. We are not responsible for any food allergy reactions without a Food Allergy Action Plan on file. \_\_\_\_\_ *Initial Here*

Does your child have diagnosed food allergies?  Yes  No

Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

**Well Check:** To be admitted to Jarrell Montessori, we need a signed health care professional's statement that states your child has been seen within the past year and is fit to attend a child care center, an affidavit stating for religious reasons you will not submit one, or your promise that your child has been examined in the past year and is able to participate. Your doctor's office can forward this form to us if you request it. **Please select only one option below.**

- A signed and dated copy of a health care professional's statement will be submitted before my child's first day.
- 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.
- My child has been examined within the past year by a health care professional and is able to participate in the child care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to Jarrell Montessori.

**Safe Sleep Acknowledgement** (for children 12 months or younger only): I am aware that there is a Safe Sleep Policy section in Jarrell Montessori's Parent Handbook that Team Members follow. I understand that if my child is under the age of 12 months, I am responsible for reading it and asking any questions if something is not clear. \_\_\_\_\_ *Initial Here*

**Meals:** I understand that I am responsible for providing my child's lunch. I am also aware that Jarrell Montessori will be serving nutritious snacks (fruit snack in the morning and a carb snack in the afternoon) and is not responsible for balancing nor meeting my child's daily food requirements. \_\_\_\_\_ *Initial Here*

### Receipt of Parent's Rights

Receipt of Parent's Rights: I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility and that all information contained in this Admission Form is true and correct to the best of my knowledge. I understand that if any information changes, it is my responsibility to notify Administration at Jarrell Montessori.

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### 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 either address listed below. **If any emergency care facility is acceptable, please write ANY under Name of Emergency Care Facility.**

Name of Physician	Address	Phone No.
Name of Emergency Care Facility	Address	Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed