



One World Montessori

Student Enrollment File Checklist

Round Rock Austin

Please check the box above for school location.

Child's Name _____

Date of Birth _____ Age _____

Date of Admission _____

Parent/ Guardian Name _____

Parent/Guardian Name _____

Days/Hours of Enrollment _____ Class _____

Date and Name of Staff Entering Application in Computer	Allergies/Medical Entered in Computer by Staff

_____ Student Enrollment Form

_____ Medical Treatment Authorization

_____ *Physician's Health Statement

*Must be signed by physician.

_____ *Student Immunization Record

*Must be signed by physician.

*Copy of Immunization Record is acceptable if it is signed and stamped by physician AND is attached to OWM Immunization Record with physician's signature.

_____ *Student Vision and Hearing Screening Record

*Required for newly enrolled children 4 year and older within 120 days of admission.

*Required for all currently enrolled children who turn 4 years by September 1 (and older) before December 31 of the same year.

_____ *Parental Agreement

*Signed and dated by parent.

_____ Copies of Incident, Illness, or Accident Reports, if applicable.

_____ *Infants' feeding schedules

*Must be filed at the center, accessible to staff and available for inspection.

I have collected and assembled this student file. I have reviewed each form and authorize this file is accurate, updated and complete. I have given the parent/s a copy of the operational policies/parent handbook and answered any questions.

Signature of Staff Conducting Enrollment

Date



Enrollment Form

(Please complete one per child)

ONE WORLD MONTESSORI 1701 Scofield Ln
 Austin, TX 78727
 15840 Great Oaks Dr 512-836-7262
 Round Rock, TX 78681
 512-520-5400
 512-870-9425 fax

One World Montessori holds your child's well being in the highest regard. Once accepted into our program, every effort will be made to see that your child's transition is positive and successful. Upon enrollment, we require a thirty-day evaluation period to determine the best interests and adjustment of the child and parent(s). At the end of this period, One World Montessori staff or parents may determine whether or not to continue with care.

After this trial period, if parents decide to leave our program, a two week notice of termination of care must be given by the parents. One World Montessori reserves the right to not renew enrollment for any future period from our program. If One World Montessori staff determines that continued care is not in the best interests of the child or program, a two week written notice will be given to the parents should this occur. However, One World Montessori realizes the responsibility it has for the care of all the students at our schools, and reserves the right to terminate this agreement immediately and will do so without prior notice if it is deemed necessary in our relationship.

Please note that failure to fully complete this enrollment form may result in termination of care. This enrollment form does not constitute automatic acceptance into One World Montessori

Signed by Parent and/or Guardian _____ Date _____

Child's Name	Date of Birth	Child's Current Age
With Whom Does the Child Live? Hours in Care Preferred Enrollment Date		
Home Address		Home Phone

For
Office
Use
Only

Name of Parent or Guardian	Social Security Number	Occupation
Home Address		Date Enrolled
Place of Employment Business Address Business Phone/Pager		Drivers License Number
**Email Address		

Options
Full day

Half day
5 day 4 day 3 day 2 day 1 day

Monthly Tuition
\$ _____

Parent Initials

Name of Parent or Guardian	Social Security Number	Occupation
Home Address Home Phone/Cellular Drivers License Number		
Place of Employment Business Address Business Phone/Pager		
**Email Address		

"I HEREBY AUTHORIZE ONE WORLD MONTESSORI TO ALLOW MY CHILD TO LEAVE THE CHILD CARE CENTER ONLY WITH THE FOLLOWING PEOPLE"
 (Your child will not be released to persons other than those listed below, or unless YOUR written permission is given.)

Name	Relationship
Home Address Home Phone Business Phone	
Name	Relationship
Home Address Home Phone Business Phone	
Name	Relationship
Home Address Home Phone Business Phone	

Certification of Health and Immunization Record

As stated in the Minimum Standards for Child Care Centers for the State of Texas, documentation on file at One World Montessori may be the original immunization record or a photocopy of the record. An official immunization record generated from a state or local health authority, such as a registry or a record received from school officials including a record from another state, is also acceptable.

Your child's immunization record must be current and include:

1. Child's name and birth date;
2. The number of doses and vaccine type;
3. The month, day and year the child received each vaccination; and
4. The signature or stamp of the physician or other health care professional who administered the vaccine.

_____ Date _____

Parent or Guardian Signature

For pre-school-age children, you must submit one of the following within one week of enrollment. (Please check the option you select.)

Your child's immunization record must be current and include:

- ◇ Doctor'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 One World Montessori program.

_____ Date _____

Physician's Signature

_____ Date _____

Physician's Address and Phone Number

- ◇ A copy of the medical screening form of the Early Periodic Screening, Diagnosis, and Treatment (EDSDT) Program IF no referral for further diagnosis and treatment is indicated.

- ◇ A written statement from a health service or clinic.

_____ Date _____

Parent or Guardian Signature

EMERGENCY INFORMATION

In case of illness or injury, please FIRST contact: Mother Father Other (please specify _____)
Other persons to contact in the event of an emergency or illness:
Name (relationship to child)AddressPhone

Name (relationship to child)AddressPhone

Name (relationship to child)AddressPhone

In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of One World Montessori to take my child to the following physician or clinic, and I give my consent for necessary emergency care when my child is in the care of this physician and/or hospital/clinic.
Name of PhysicianAddressPhone

Or to Hospital/ClinicAddressPhone

Parent or Guardian SignatureDate

CHECK ALL THAT APPLY:

1. TRANSPORTATION: I hereby give do not give consent for my child to ride a bus.
I hereby give do not give consent for my child to be transported and supervised by the operation's employees;
 for emergency care; on field trips; to/from school
2. FIELD TRIPS: I hereby give do not give my consent for my child to participate in Field Trips.
- Parent/Guardian Signature
3. WATER ACTIVITIES: I hereby give do not give my consent for my child to participate in Water Activities.
 sprinkler play splashing/wading pools swimming pools water table play
4. SIBLING RELEASE: I hereby give do not give consent for my child to be released to the care of his/her sibling(s) under the age of 18.

Name of sibling(s) allowed to pick up my child:
5. RECEIPT OF WRITTEN OPERATIONS POLICIES (i.e. PARENT HANDBOOK):
I acknowledge receipt of the facility's operational policies (i.e. Parent Handbook) including those for discipline and guidance.
- Signature _____ Date _____

RELEASE AND LIABILITY STATEMENT FOR ON-PREMISES AND OFF-PREMISES FIELD TRIPS

One World Montessori, Partners, agents, and employees shall not be liable or responsible for and shall be held harmless by the undersigned from and against any and all claims and damages of every kind for injury or death of any person or persons and for damage to or loss of property arising out of or attributed directly or indirectly to the operations of the school or the performance of the school or its owners or employees in carrying out its day care and school functions and specifically including:

1. Transportation to and from the school premises and while off premises for any school related activity. (A specific field trip permission form will be signed by parent or guardian for each field trip prior to any child leaving the school.)
Swimming or other water activities on or off premises. (A specific enrollment form will be given for swimming.)
2. Any other activity for which permission for the child's participation has been approved by a parent or guardian.
- 3.

Signature _____ Date _____

CHILD HISTORY INFORMATION

Child's Name _____ Date of Birth _____ Sex: Male or Female

I. CHILD HISTORY

Was the pregnancy full term? Yes / No

Was there anything unusual about the pregnancy?

Yes / No

If yes, please describe below:

Was your child adopted? Yes / No

II. HOME AND FAMILY

Status of Parents

Married

Separated

Divorced

Other

Child lives with (please list name, relation, and age - example: Bill, father, 35)

If your child does not live with both parents, is there anything we should know about his/her experiences with either parent?

III. CHILD CARE HISTORY

Has your child ever been separated from his/her primary caregiver for any length of time?

Yes / No

Please explain:

Has your child ever been in a group care setting before? Yes / No If yes, please explain the setting below:

How did your child adjust to this environment?

IV. HEALTH

Is your child usually hungry for meals? Yes / No

Does your child have any food allergies? Yes / No

Snacks? Yes / No

If yes, List in detail below:

Favorite foods: _____

Refused foods: _____

Do you have any concerns about your child's eating habits? Yes / No If yes, please explain below:

What time does your child usually go to bed? _____ Wake up? _____ Nap? _____

Do you have any concerns about your child's sleeping habits? Yes / No If yes, please explain below:

Does your child use the toilet? Yes / No

What word does your child use for urination? _____ Elimination? _____

Do you have any concerns about your child's use of the toilet? Yes / No If yes, please explain below:

Does your child dress himself/herself? Yes / No

Has your child ever had any severe injuries or illnesses? Yes / No If yes, please explain below:

Does your child have any difficulty with hearing (tubes) or vision (glasses)?

Yes / No

If yes, please explain below:

Do you have any concerns about your child's health? Yes / Nolf yes, please explain below:

Does your child have any special needs (walking apparatus, inhaler, nebulizer, braces, etc.)? Yes / No
If yes, please explain below:

Does your child show preference for the right hand or the left hand? Right / Left

V. PLAY

Where does your child play most often? _____

What are your child's favorite toys and activities? _____

With whom does your child play regularly? _____

How does your child get along with other children? _____

Please describe your child's experiences with books, music, and television:

VI. EMOTIONS AND BEHAVIORS

Does your child have any speech difficulties?

Yes / No

If yes, please explain below:

Does your child have any nervous habits? Yes / Nolf yes, please explain below:

Of what things does your child show a definite fear? _____

What do you do comfort these fears? _____

Does your child have temper tantrums?

Yes / No

What upsets your child or makes him/her angry? _____

How do you respond? _____

VII. GENERAL INFORMATION

What are you looking for from One World Montessori?

Please use the space below to provide any additional information about your child, family traditions, hobbies, or activities that you would be willing to share with our school:

PARENT/GUARDIAN SIGNATURE: _____ Date _____

Thank you for taking the time to complete this form. It will help us meet your child's needs.

The Staff at One World Montessori

Child Information and Health History

In accordance with the Minimum Standards and Guidelines from the Texas Department of Protective and Regulatory Services, please list special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, and disabilities, any hospitalizations during the past twelve months, and any medication prescribed for long-term, continuous use, and any other information of which the staff should be aware.

To better accommodate any special needs of your child, we will require a written authorization for need and care from the parent or guardian and/or the child's physician. The parent or guardian is responsible for providing any equipment and/or training that staff personnel may require in relation to the special needs and care of that child. In some instances, which will be determined on a case-by-case basis, a person meeting with the child's physician and parent or guardian may be required.

Parent Initials: _____

For School Age Children Only

Please provide a current copy of your child's immunization, and Vision & Hearing Screening record which is needed to One World Montessori files.

Name of School

Address / Phone Number

Grade in School

Media Release Form

I, _____, parent or guardian of _____
Hereby grant absolute right and permission to ONE WORLD MONTESSORI to photograph aforementioned child and use said photograph, photographic likeness, and/or reproduction thereof for purposes including, but not limited to One World Montessori advertisement, illustrations, literature, brochures, website and other business purposes.

I understand that One World Montessori will not print or release identifying information in any public publication or announcement in conjunction with aforementioned images. I understand that One World Montessori may print or release some identifying information, including first name, in internal publication and announcements (i.e. Positive Parenting Newsletter, etc.) in conjunction with aforementioned photographic images. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

Signature: _____ Date _____

Miscellaneous Information

How did you find out about One World Montessori, and what made you decide to enroll?

For any questions or comments, please write us at owm@gmail.com or visit us online at www.oneworld-montessori.com



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PARENTAL AGREEMENT, Page 1 of 2

Child's Name	Date of Birth	Age	Date of Admission

Please initial every paragraph to signify you understand and agree:

- _____ One World Montessori operating hours are Monday through Friday 6:30 a.m. to 6:30 p.m. If my child is enrolled in the 5 Full Day Program, I understand that I will be charged a late pick-up fee of \$1.00 per minute after 6:30 p.m. Frequent late pick-ups can result in disenrollment from One World Montessori.

- _____ I understand there is a semi-annual supply/education fee charge each March and September and payable within two weeks. I understand there may be additional fees for field trips and/or special activities for which I will be notified as they arise.

- _____ I have been provided a list of current tuition rates and fees, and agree to pay according to the policies of OWM.

- _____ I understand that all payment must be made by check, credit card, or money order.

- _____ Tuition and all other fees charged to my account are due each month. A late payment fee of \$30.00 will be added to my balance, (including any unpaid fines or other charges). I understand that if my balance accrues to a maximum of two week's tuition, our enrollment will be suspended pending payment in full. Frequent late payments and/or outstanding balances may result in disenrollment from OWM.

- _____ I understand that my tuition is based upon the class my child's enrolled in. I will pay tuition and fees on or before the 5th of each month regardless of absences, school holidays, family vacations, inclement weather, or other school closings. I must give a 2 week written notice to request a change in the enrollment schedule or notification to withdraw.

- _____ If I have a dishonored check returned to OWM, I agree to pay the amount equal to that of the returned check plus a \$30.00 return check fee payable by Money Order ONLY. I understand that returned checks are not re-deposited. After two returned checks, I must pay all future tuition and fees by Money Order only. Unpaid returned checks and fees will be turned over to the District Attorney for prosecution/collection.

- _____ After one consecutive year of enrollment, I will be awarded an annual vacation credit equal to my child's enrolled one week schedule to be used to hold my child's place in his/her classroom while he/she is absent for vacation. Vacation credit can only be used within the same week and cannot be divided into different periods of time. Vacation credit can not be carried over to the next year, can only be used when my child is absent, and cannot be exchanged for tuition credit or for any other purpose. I understand that I must complete a written vacation credit request at least two weeks prior to my child's absence.

- _____ I understand that I must sign in and out every day. My child will only be released to person age 18 and older, presenting a valid government picture ID matching those authorized by me on my child's enrollment forms.

- _____ OWM will not prohibit the release of a child to his/her non-custodial parent without a copy of a current court order, signed by a judge, notarized, and on file at the school.



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PARENTAL AGREEMENT, page 2 of 2

_____ If I choose any extra-curricular activities for my child, (i.e. dance, music, sports,) I understand that the service costs and payments are between myself and the vendor. Providers of these services are not screened, selected, or employed by OWM.

_____ I understand that OWM is not responsible for personal belongings.

_____ My child may use all play equipment in all activities and events at OWM.

_____ I understand that my child may be disenrolled from OWM if: a.) I fail to comply with OWM's policies and procedures, b.) if OWM is unable to meet the social, emotional, mental, or physical needs of my child, c.) my child's needs and/or behaviors compromise the health, safety, environment, or experience for himself/herself and/or other children in the center, or d.) late or delinquent payment.

_____ I agree to provide OWM with all required information and documentation regarding my child's enrollment file and to update information as changes occur and/or as required by OWM and/or The Texas Department of Family and Protective Services: Childcare Licensing.

_____ I have received a copy of OWM's Parent Handbook/Operational Policies. I understand that continued enrollment is contingent upon adherence by my alternate contact persons, my child, my child's other guardian, and myself to the policies and procedures of PCM as outlined in this agreement, operational policies/handbook.

_____ I understand that my signature also affirms my understanding and review of each statement located on the preceding page of this document.

Signature of Parent/GuardianDate