



# ADMISSIONS FORM

Director's name: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

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

Child's Home Address: \_\_\_\_\_

Child's Home Phone Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Child's nickname: \_\_\_\_\_

### PARENT INFORMATION:

List telephone numbers below where parents/guardian may be reached during their time with Wonderland Montessori.

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Work Phone Number: \_\_\_\_\_ Mother's Work Phone Number: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_ Mother's Cell Phone Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

### PICK UP AUTHORIZATION/EMERGENCY RELEASE:

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. Give name, address, relationship and phone number of person to call in case of an emergency if parents/guardian cannot be reached.

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number(1) \_\_\_\_\_ Phone Number(2) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Copy on file Yes  No

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number(1) \_\_\_\_\_ Phone Number(2) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Copy on file Yes  No

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number(1) \_\_\_\_\_ Phone Number(2) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Copy on file Yes  No

### 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:

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

Phone# \_\_\_\_\_

Emergency Medical Care Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Phone# \_\_\_\_\_

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

Signature of Parent or Legal Guardian: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Parent Signature \_\_\_\_\_



# ADMISSIONS FORM

List any special needs that your child may have such as, food allergies or restrictions, 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:

## SCHOOL AGE CHILDREN:

My child attends the following school: \_\_\_\_\_ 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 on file at the school and current.

### My child has permission to:

- \_\_\_ ride a bus to school from the center  
 \_\_\_ ride a bus from school to the center  
 \_\_\_ be released to the care of his/her sibling(s) under the age of 18.

Name of sibling(s): \_\_\_\_\_

## Transportation:

I, \_\_\_\_\_, hereby give consent for my child to be transported and supervised by the operation's employees for the following:  emergency care  field trips  to and from school

## Field Trips:

I, \_\_\_\_\_, hereby give consent for my child to participate in Field Trips.

**Water Activities:** I, \_\_\_\_\_, hereby give consent for my child to participate in the following water activities:  sprinkler play  splashing/wading pools  water table play

## Meals:

I, \_\_\_\_\_, understand that the following **meals** will be served to my child while in care:  
 None  AM snack  Lunch  PM snack

## Program:

My child is normally in care on the following days and times:

Extended Day  Full time  Part time

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Parent Signature \_\_\_\_\_



# ADMISSIONS FORM

**IMMUNIZATION RECORDS:** *You may use the form provided or provide a signed copy from your child's physician.*

	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											
Haemophilus											
Pneumococcal											
IPV											
Influenza											
MMR											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)  Positive  Negative Date: \_\_\_\_\_  
 Signature or stamp of a physician or public health personnel verifying immunization information above.

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

Hearing & Vision Screening Test Results Attached (children 4 and over) )  Yes  No

Varicella (chickenpox) vaccine is not required, if your child has had chickenpox disease. If your child has had chickenpox. Please complete the following statement:

*My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.*

Parent/Guardian 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](http://www.dshs.state.tx.us/immunize/public.shtm)

**Signature Parent/Guardian**

**Date**

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Parent Signature \_\_\_\_\_



# ADMISSIONS FORM

## ADMISSION REQUIREMENT:

*If your child does not attend pre-kindergarten or school away from Wonderland Montessori, one of the following must be presented when your child is admitted to Wonderland Montessori or within one week of admission.*

*Please check only one option:*

**HEALTH-CARE PROFESSIONAL'S STATEMENT:**

*I have examined the below named child within the past year and find that he/she is able to take part in the school program.*

**Health Care Professional's Signature:** \_\_\_\_\_

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

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

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 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 of Parent/Guardian:** \_\_\_\_\_

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



# TUITION AGREEMENT

My child listed below will be attending Wonderland Montessori Academy in the following program:

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

Part Time Program

8:00am – 12:30am/Monday-Friday

6:30am – 6:30pm (Circle 3)

Monday    Tuesday    Wednesday    Thursday    Friday

Full Time Program – 8:00am – 3:30pm/Monday – Friday

Extended Day – 6:30am-6:30pm/Monday – Friday

*I understand that WMA will not credit for partial attendance for illness, vacation or other events in which my child(ren) do not attend.*

*I understand that tuition is due on the 1<sup>st</sup> of each month and late fee of \$50 will accrue after the 3<sup>rd</sup>.*

*I have read and understand all the additional fees such as field trip fees, registration fee, and supply fees.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Parent Signature \_\_\_\_\_



## Photo & Video Release Form

*I, \_\_\_\_\_, hereby give my consent for Wonderland Montessori Academy to use my child's photograph, video, and/or likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Parent Signature \_\_\_\_\_