ADMISSION INFORMATION

GENERAL INFORMATION	
Operation's Name: **iBLOOM MONTESSORI**	Director's Name:
Child's Full Name:	**Child's Date of Birth:**
Father's Full Name _____ Work Phone Number _____ Home/Cell Phone Number _____ Address _____ _____ City, State, Zip _____ Email Address _____	**Mother's Full Name** _____ Work Phone Number _____ Home/Cell Phone Number _____ Address _____ _____ City, State, Zip _____ Email Address _____
Date of Admission:	Date of Withdrawal:

Is there a custody order on file with The State of Texas? ☐ YES ☐ NO PENDING
*If circled YES, a current copy of your court order MUST be attached

CHECK ALL THAT APPLY:

1.TRANSPORTATION
I give consent for my child to be transported and supervised by the operation's employees:
☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2.FIELD TRIPS
☐ I give consent for my child to participate in field trips.
☐ I **do not** give consent for my child to participate in field trips.

3.WATER ACTIVITIES
I give consent for my child to participate in the following water activities:
☐ water table play ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ aquatic playgrounds

4. ☐ RECEIPT OF WRITTEN OPERATIONAL POLICIES
I acknowledge receipt of the facility's operational policies, including those of discipline and guidance.

5. MEALS: I understand that the following meals will be served to my child while in care:
☐ None ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack ☐ Evening Snack

6. DAYS AND TIMES IN CARE: My child is normally in care on the following days and times:

Days of the week	☐ **Monday to Friday**
Program	☐ **Half Day** (8:00a.m - 12:00p.m.) ☐ **School Day** (8:00a.m - 3:00p.m.) ☐ **Extended Day** (7:00a.m – 6:30p.m.) ☐ **Afterschool (**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:
My child has permission to (check all that apply): ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old	

Emergency Contact and Release Form

Child's Name: _____

In case of an emergency, or if I am unable to pick up my child I, _____ parent/ guardian authorize iBloom Montessori to release/contact the follow people. **I understand that additions or deletions to this list must be summitted in writing for this agency to honor them.** If you have any more questions or concerns please contact the director or refer to the Parent Handbook.

Please Include anyone whom you may call in an emergency to help you with picking up your child. If there is no one you may include three people who we may contact that are able to get in contact with you (they can live outside of Texas). For safety of your child, please inform all authorized pick up contact persons listed that in cases of emergency they may be contacted by iBloom Montessori. Anyone who is authorized to pick-up your child need to bring an a government issued photo ID. If they do not have a government issued photo ID or if the information on the ID does not match our records we WILL NOT release your child to them under any circumstances.

Name:	Relationship to child:
Address:	
Cell No:	Alternate Phone no:
Driver's License No:	

Name:	Relationship to child:
Address:	
Cell No:	Alternate Phone no:
Driver's License No:	

Name:	Relationship to child:
Address:	
Cell No:	Alternate Phone no:
Driver's License No:	

Signature: _____ Date:_____

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:		
Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.	Signature - Parent or Legal Guardian	

CHILD'S ADDITIONAL INFORMATION SECTION	
List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of: 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. 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).	
Signature - Parent or Legal Guardian	Date Signed:

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:	
1. ☐ HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he or she is able to take part in the day care program	
Health Care Professional's Signature:	Date Signed:
2. ☐ A signed and dated copy of a health care professional's statement is attached.	
3. ☐ 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.	
4. ☐ 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.	
Name and Address of Health Care Professional:	
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.

VISION EXAM RESULTS		
R 20/	L 20/	Pass Fail
Signature:	Date Signed:	

HEARING EXAM RESULTS				
Ear	**1000 Hz**	**2000 Hz**	**4000 Hz**	**Pass or Fail**
Right				Pass Fail
Left				Pass Fail
Signature:			Date Signed:	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1–2 months (second dose) 6–18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15–18 months (fourth dose) 4–6 years (fifth dose)	
Haemophilus Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12–15 months (fourth dose)	
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third) 12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose dose) 4 months (second dose) 6– 18 months (third dose) 4– 6 years (fourth dose)	
Measles, Mumps, Rubella	12–15 months (first dose) 4–6 years (second dose)	
Varicella	12–15 months (first dose) 4–6 years (second dose)	
Hepatitis A	12–23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION	
Signature or stamp of physician or public health personnel verifying immunization information above:	
Signature:	Date Signed:
Child's Parent or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed:

Child's Name: _____

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 iBloom 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 iBloom Montessori. I understand that iBloom Montessori has the right to terminate care at any time if the parent policies are not followed.

Photo Authorization

I, give iBloom Montessori permission to use/take photos and videos of my child in the following form:

☐ KidReport(For Activities and Daily Report)

☐ Bulletin Board (Child's Picture/Video may be used on the bulletin board or the tv in the gym area)

☐ iBloom Website (Your Child Picture may be uploaded to our website)

☐ Facebook and Social Media(Picture of your child may be uploaded to our social media)

☐ Promotional Flyers/Videos (We may use your child picture for any flyers or videos we may make to promote the iBloom)

Initial:_____

Meals Acknowledgement

☐ My child is a Vegetarian (is NOT Allowed to have eggs or dairy)
☐ My child is a Vegetarian (is Allowed to have eggs and dairy)
☐ My child is a Non-Vegetarian (is Allowed to Only have chicken)
☐ My child is Non-Vegetarian

Initial:_____

Parent/ Guardian Name: _____

Signature: _____ Date:_____

Tuition Agreement

Child's First and Last Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Check mark the program and timing you chose for your child :

- ☐ Nido
- ☐ Nido 2
- ☐ Toddler Community
- ☐ Children's House
- ☐ Afterschool Program
- ☐ School Day Program (8:00a.m. to 3:00 p.m.)
- ☐ Half Day Program (8:00a.m. to 12:00 p.m.)
- ☐ Extended Day Program (7:00 a.m. to 6:30 p.m.)
- ☐ Afterschool Program (2:30 p.m. to 6:30 p.m.) for Elementary school children ONLY

By signing this agreement, I understand the following:

- Payment for my child's program is due on the 1st of every month. A $10 per day late fee will be added for all non-payments from the 3rd of that month. (parent initials) _____
- Tuition is payable according to the tuition schedule whether or not my child attends. (parent initials) _____
- There is a 5 minute grace period for pick-up after the end of my child's class time, after which a late fee of $1 for each minute will be charged automatically to your account. (parent initials) _____
- During summer months, a $50 activity fee will be charged (parent initials) _____
- In the event of withdrawing my child or change my child's schedule, a 30- day notice will be given in writing. (parent initial) _____
- That NO refunds will be considered for absences due to illness (parent initial) _____

Signature of Child's Parent or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed: