



ENROLLMENT FORM

GENERAL INFORMATION	
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Operation's Name: iBLOOM MONTESSORI	Director's Name:
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Child's First and Last name:	Child's Date of Birth:
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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 _____
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Date of Admission:	Date of Withdrawal:
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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 school

2. WATER ACTIVITIES
 I give consent for my child to participate in the following water activities:
 water table play sprinkler play

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

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

5. 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	<input type="checkbox"/> Half Day (8:00a.m - 12:00p.m.) <input type="checkbox"/> School Day (8:00a.m - 3:00p.m.) <input type="checkbox"/> Extended Day (7:00a.m - 6:00p.m.) <input type="checkbox"/> Afterschool (3:00p.m - 6:00p.m.)
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School Age Children - Admission Information [Applicable for AFTERSCHOOL children ONLY]

My child attends the following school:	School Phone Number:
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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

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:

I have attached a copy of a health care professional'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. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

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.

Signature - Parent or Legal Guardian:

Date Signed:

IMMUNIZATION REQUIREMENTS

I have attached my child's Immunization record along with this application.

I understand that I must update my shot record to be placed in my child's file every time my child gets a vaccination. If your child is not current with licensing standards, we will not be able to care for your child until they are up to date.

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.



Emergency Contact and Release Form

Child's First and Last 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 submitted 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 needs to bring 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 of Child's Parent or Legal Guardian: 	Date Signed:
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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 1
- Nido 2
- Toddler Community
- Transition Class
- 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 6:00 p.m.)
- Afterschool Program (2:30 p.m. to 6:00 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 \$5 for each minute will be charged automatically to your account.
(Parent initials) _____
- ❖ During summer months, a \$50 activity fee will be charged for each month
(Parent initials) _____
- ❖ In the event of withdrawing my child or change my child's schedule, a 30- day notice will be given in writing. If I do not give a 30-day notice, I will be charged \$400.
(Parent initials) _____
- ❖ That NO refunds will be considered for absences due to illness (parent initials) _____

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

Signature of Child's Parent or Legal Guardian:

Date Signed:

X

PHOTO AUTHORIZATION

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

- Parent Engagement Program (For Activities and Daily Report)
- Bulletin Board (Child's Picture/Video may be used on the bulletin board or the tv in the reception/gym area)
- iBloom Website (Your child's Picture may be uploaded on our website)
- Facebook and Social Media (Picture of your child may be uploaded on our FB page / social media)
- Promotional Flyers/Videos (We may use your child's picture for any flyers or videos we may make to promote iBloom Montessori)

Signature of Child's Parent or Legal Guardian:

Date Signed:

X

MEAL ACKNOWLEDGEMENT

- My child is a Vegetarian (is NOT Allowed to have eggs)
- My child is a Vegetarian (is Allowed to have eggs)
- My child is a Non-Vegetarian (We serve only chicken)

Signature of Child's Parent or Legal Guardian:

Date Signed:

X



Health Examination Form

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.

Child's Name: _____

Date of Birth: _____ Date of Last Exam: _____

This child has no health conditions or medications that impact enrollment in child care.

This child has a condition or medication that should be known by the child care provider:

Physician's Signature:	Phone Number:
Address: _____	City: _____
State: _____	Zip: _____