TEXAS
Health and Human Services

Form 2935
January 2025

Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name:	Director's Name:		
Child's Full Name:	Child's Date of Birth:	Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		

List phone numbers below where parents or guardian may be reached while child is in care.

Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: ◯ Yes ◯ No

In case of an emergency, when the parent or guardian cannot be reached, call:

Name of Emergency Contact:	Relationship:	Area Code and Phone No.:
Address:		

I authorize the child care operation **to release** my child to leave the child care operation **only** 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.

Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:
Name:	Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ 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.

Comments:

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance? ◯ Yes ◯ No If no, your child is required to wear a life jacket while in or near a swimming pool.	Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ◯ Yes ◯ No If yes, your child is required to wear a life jacket while in or near a swimming pool.
Do you want your child to wear a life jacket while in or near a swimming pool? ◯ Yes ◯ No	

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operation activities
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

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

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. 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.

_____ _____

Signature — Parent or Legal Guardian **Date Signed**

8. Child's Special Care Needs, check all that apply

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? ◯ Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. 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**

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:

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 their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

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:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	**Address**	**Area Code and 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**

Requirements for Exclusion from Compliance

- ○ 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

Right Eye 20/ Left Eye 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**

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. Select **only one** option.

- ○ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ○ 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 submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. 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 Influenza 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 dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
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 six to 18 months after the first dose.	

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

◯ Positive ◯ Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Signatures

Child's Parent or Legal Guardian **Date Signed**

Center Designee **Date Signed**

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature **Date Signed**

Physician Health Statement

The following child has been examined within the past year and is physically able to take part in the Springwood Montessori School program.

Child's Name	Date of Birth
Physician's signature	Date

Name of Physician	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

This form must be completed and returned within 5 days of enrollment.

<u>Authorized Persons to Pick Up or be the Alternative Contact</u> for your child.
The same people can act for both designations.

Name	Address	Relation to Child	Telephone Number

TEXAS
Health and Human Services

Form 1099
September 2023

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

1) individualized and consistent for each child;
2) appropriate to the child's level of understanding; and
3) directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

1) using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
2) reminding a child of behavior expectations daily by using clear, positive statements;
3) redirecting behavior using positive statements; and
4) using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1) corporal punishment or threats of corporal punishment;
2) punishment associated with food, naps or toilet training;
3) grabbing or pulling a child;
4) putting anything in or on a child's mouth;
5) humiliating, ridiculing, rejecting or yelling at a child;
6) subjecting a child to harsh, abusive or profane language;
7) placing a child in a locked or dark room, bathroom or closet;
8) placing a child in a restrictive device for time out;
9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date: _____

Signed by: _____

Role: ◯ Parent ◯ Caregiver or Employee ◯ Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y
- Title 26, Chapter 747 Subchapter L: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y
- Title 26, Chapter 744 Subchapter G: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y

At the time of your child's enrollment and at the beginning of each school year thereafter, you will be asked to sign a tuition agreement. Please sign and return one copy. Keep a copy for your files. Read this carefully before you sign. This is an agreement.

Tuition Payment Procedures: Your child's tuition is a monthly fee with two payment options.

***Bi-Monthly payment:** Your payment is due by the 1st and the 15th of each month. After the 15th a late fee of 10.00 will be added to your bill, if not paid in full.

***Monthly payment**: Your payment is due by the 1th of each month. After the 5th a late fee of $10.00 will be added to your bill.

Supply Fee: These fees are due in August and January. The fee is due with the first tuition payment for each semester. Fees are found on the Current Tuition Sheet.

Annual Registration Fee: Will be due at the time of enrollment of your child for the school year and each year thereafter.

Sibling Discount: If you have more than one child enrolled in the school, you will receive a 10% discount on the Tuition fee for each additional child enrolled. The discount will be applicable to the sibling(s) with lesser or equal tuition fee.

Vacation and Sickness Procedures: Tuition paid holds a space for your child within our program whether he/she is in attendance or not; for that reason, there will be no reduction in fees for absences or illness. Springwood Montessori allows one week of vacation time in the summer, when no tuition is due. For your child to receive this vacation time you will need to notify the school two weeks prior. If additional vacation time is taken, tuition will be required to hold your child's spot.

Withdrawals: If a student is withdrawn a written notice of at least 2 weeks is required prior to withdrawal. Failure to provide written notice will result in charge of 2 weeks of tuition. The obligation for full payment of tuition continues until the date indicated as date of withdrawal. If a student is withdrawn at the request of the school, the tuition will be prorated and refunded accordingly.

Keep this page for your records and keep a copy of the fee agreement signature page. Turn the original into the office with your paperwork.

Springwood Montessori Fee Agreement (cont)

My child_____is enrolled in the

Infant _____ Toddler _____ Primary _____

Half Day ___ Extended Day ___ Full Day____

5 Day_____ 3 Day___(M/T/W) 2 Day_____(TH/F)

Applied discounts:

Sibling_____ Educator_____ Law Enforcement/Fire Fighter_____ Military/Veteran_____

I have elected to make tuition payments of $_____

Bi-Monthly (1st &15th) ___ Monthly (1st)___

I have read the policies regarding Tuition Payment Procedures and agree to abide by them. I understand if I decide to change my program, I will first offer a written letter of desire to change to the office. There may be a wait for the extended day spaces.

Parent or Guardian Signature

Signature_____ Date_____

Print Name Please _____

Director_____Date_____

Thank you for your continued support.
We are honored that you have chosen Springwood Montessori to stand with you,
As a partner, in the caring and education of your child.

Springwood Montessori

Reaching Higher & Beyond

Photo Release Form for Minors (if under 18)

Springwood Montessori has my permission to use my child's photograph publically to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

_____ I do not give permission

I give permission for the following:

_____ school website & advertising
_____ Facebook & Instagram
_____ TikTok
_____ All of the above

Student's name: _____Date_____

Parent/Guardian's signature: _____

Thank you for supporting our school!
Springwood Montessori

"*Education* should no longer be mostly imparting knowledge, but must take a new path, seeking *the release of human potentials.*"

Parent Acknowledgment

I have read the complete contents of the Springwood Parent Handbook. I understand the policies in this book and will abide by them as a family member and/or guardian of a child attending Springwood Montessori.

Child/ren Name _____

_____

Parent Name _____

Printed

Parent Signature _____

Date of Signature _____

Start Date:_____
Program: 2-3-5 days / Half-Extended-Full

Parent Questionnaire

Student Name:_____ DOB:_____

Mother's Name:_____ Father's Name:_____

1. Tell us about your child. (likes/dislikes/habits; etc.)

   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. What are your expectations in coming to Springwood Montessori?

   _____
   _____
   _____
   _____

3. Please list any Allergies that your child has, the severity, and what to do in that situation.

   _____
   _____
   _____

4. Is your child an only child? _____ If no, how many siblings? _____
5. Do you have any pets? _____
6. What approach to discipline do you use? (circle all that apply)

   Redirecting behavior Offering Choices Natural Consequences

   Conscious Discipline Punishment/Rewards Explaining why the rules are what they are

   Time out (if so, how long?) _____ Other: _____

7. What are your immediate goals for your child (*circle all that apply*)?

   Socialization English Acquisition Strong academic foundation

   Toile training (for Toddlers) Safety Happiness

   Friendship Love of Learning

8. What are your long-term goals for your child (*circle all that apply)*?

   2nd / 3rd language learning opportunities Love of learning Independence

   Self-organization Self-initiative Friendship

   Learning to help others Ability to work cooperatively

Start Date:_____
Program: 2-3-5 days / Half-Extended-Full

9. Does your child speak any language other than English? If so, what other language?

   _____

10. Does your child take naps? _____
11. Can you tell us a little about your child's eating habits? Are they picky eaters? Food Allergies? Etc. _____
12. Has your child been in a Montessori environment before? _____
13. Are you well acquainted with Montessori? Or would you like to learn more?

    _____

    _____

14. Tell us about yourself.

    _____

    _____

    _____

    _____

SUNSCREEN PERMISSION FORM

Name of the Child:_____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Springwood Montessori School to apply the sunscreen that I provided when he/she will be playing outside, especially during the months of March through October and between the daily time of 10AM-4PM.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *initialed* below **all** applicable information for the use of sunscreen for my child:

_____I do not know of any allergies my child has to sunscreen

_____I have provided the following brand/type of sunscreen for use for my child_____

BUG SPRAY PERMISSION FORM

I give permission for the staff at Springwood Montessori School to apply the bug spray product that I provided when he/she will be playing outside, especially during the months of April through October and between the daily time of 10AM and 4PM.

I have *initialed* below **all** applicable information for the use of bug spray for my child:

_____I do not know of any allergies my child has to bug spray.

_____I have provided the following brand/type of bug spray for use for my child_____

Parent/Guardian's Name:_____**Date:**_____

Parent/Gaurdian's Signature:_____