



**Parmer Children's Montessori Academy**

**Student Enrollment File Checklist**

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 PCMA 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)

**PARMER CHILDREN'S MONTESSORI ACADEMY**  
 1701 Scoffield Lane  
 Austin TX 78727  
 512-836-7262  
 512-628-3474 facsimile

Parmer Children's Montessori Academy 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, Parmer Children's Montessori Academy 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. Parmer Children's Montessori Academy reserves the right to not renew enrollment for any future period from our program. If Parmer Children's Montessori Academy 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, Parmer Children's Montessori Academy 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 Parmer Children's Montessori Academy

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

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		

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 PARMER CHILDREN'S MONTESSORI ACADEMY 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

For Office Use Only

Date Enrolled		Options		Monthly Tuition		Parent/Guardian Initials	
		5 day 4 day Full day 3 day 2 day 1 day Half day		\$ _____			

## 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 Parmer Children's Montessori Academy 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 Parmer Children's Montessori Academy 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)	Address	Phone
Name (relationship to child)	Address	Phone

Name (relationship to child)	Address	Phone
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\*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 Parmer Children's Montessori Academy 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 Physician	Address	Phone
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Or to Hospital/Clinic	Address	Phone
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Parent or Guardian Signature	Date
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### 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

Parmer Children's Montessori Academy, 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.)*
2. Swimming or other water activities on or off premises. *(A specific enrollment form will be given for swimming.)*
3. Any other activity for which permission for the child's participation has been approved by a parent or guardian.

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 every 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

Snacks? Yes / No

Does your child have any food allergies? 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 / No If 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 / No If yes, please explain below:

Of what things does your child show a definite fear? \_\_\_\_\_

What do you do to 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 Parmer Children's Montessori Academy?

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 Parmer Children's Montessori Academy**

## 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.

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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 Parmer Children's Montessori Academy 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 PARMER CHILDREN'S MONTESSORI ACADEMY to photograph aforementioned child and use said photograph, photographic likeness, and/or reproduction thereof for purposes including, but not limited to Parmer Children's Montessori advertisement, illustrations, literature, brochures, website and other business purposes.

I understand that Parmer Children's Montessori Academy will not print or release identifying information in any public publication or announcement in conjunction with aforementioned images. I understand that Parmer Children's Montessori Academy 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 Parmer Children's Montessori Academy, and what made you decide to enroll?

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*For any questions or comments, please write us at [jodi@parmerchildrensmontessori.com](mailto:jodi@parmerchildrensmontessori.com) or visit us online at [www.parmerschildrensmontessori.com](http://www.parmerschildrensmontessori.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:***

- \_\_\_\_\_ Parmer Children's Montessori Academy (PCMA) 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 PCMA.
- \_\_\_\_\_ If my child is 3 years or older, he/she is enrolled for a specific number of days and hours as indicated on our Admission Application, I understand that my child is only allowed to attend within our enrollment's allotment of hours on the specifically scheduled days. I will be charged a late fee of \$1.00 per minute before or after the hours of our scheduled pick-up or drop off times.
- \_\_\_\_\_ I understand there is a semi-annual supply/education fee charge each January 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 PCMA.
- \_\_\_\_\_ 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 Friday for the up-coming week. A late payment fee of \$20.00 will be added to my balance, (including any unpaid fines or other charges), at the close of business each Tuesday. 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 PCMA.
- \_\_\_\_\_ I understand that my tuition is based upon the days and hours of my child's enrollment. I will pay tuition and fees on the scheduled due date 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 PCMA, I agree to pay the amount equal to that of the returned check plus a \$25.00 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.
- \_\_\_\_\_ PCMA 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 PCMA.
- \_\_\_\_\_ I understand that PCMA is not responsible for personal belongings.
- \_\_\_\_\_ My child may use all play equipment in all activities and events at PCMA.
- \_\_\_\_\_ I understand that my child may be disenrolled from PCMA if: a.) I fail to comply with PCMA's policies and procedures, b.) if PCMA 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 PCMA with all required information and documentation regarding my child's enrollment file and to update information as changes occur and/or as required by PCMA and/or The Texas Department of Family and Protective Services: Childcare Licensing.
- \_\_\_\_\_ I have received a copy of PCMA'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 PCMA 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.

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Signature of Parent/Guardian

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Date