Office Use Only
Date of Admission
Date of Withdrawal

Red Oak Christian Montessori School

Admission Information

General Information

Child's Full Name	Child's Date of Birth
Child's Home Address	

Name of Father	Home Phone Mobile Phone
Father's Address	Father's e-mail

Name of Mother	Home Phone Mobile Phone
Mother's Address	Mother's e-mail

Give the **name**, **address**, and **phone number** of the responsible individual to call in case of an emergency when parents cannot be reached.

Name_____ Address _____

Home Phone _____ Mobile Phone _____

Children will be released to parents. If you would like the school to release your child to any other person, they must be listed below. Any person not known to staff must present valid identification.

Name _____ Phone Number_____

Name _____ Phone Number _____

Name _____ Phone Number _____

Admission Information

Receipt of Written Operational Policies and Parent Handbook

I acknowledge receipt of the School's Operational Policies and Parent Handbook which include:

___ Discipline and guidance

___ Behaviors that might lead to expulsion

___ Emergency Plans

___ Immunization requirements for children

___ Procedures for parents to discuss concerns with the director

___ Procedures for parents to participate in operation activities

___ Procedures to visit the center without securing prior approval

___ Procedures for release of children

___ Illness and exclusion criteria

___ Procedures for dispensing medication

___ Meal and snack practices

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: _____

Address of Facility	Phone Number
Name of Child's Physician	Phone Number

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

Parent Signature _____

Admission Information

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 the school should be aware of:

Does your child have diagnosed food allergies? ___ Yes ___ No Plan submitted on _____

Parent's Signature _____ Date _____

Medical Admission Requirement

Texas State Law requires pre-school age children to have a vision and hearing screening. Timing will depend upon the child's age and date of birth.

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 Information

Vaccine Information

Please provide a copy of your child's most current vaccination records. Date _____

Requirements for Exclusion

◯I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief of a recognized religious organization, to which I adhere or am a member.

◯I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a recognized religious organization to which I adhere or am a member.

Medical Admission Requirements

One of the following must be presented when your child is admitted to the School or within one week of admission.

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 School's 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.

4. ___ My child has been examined within the past year by a Health Care Professional and is able to participate in the School's program. Within 12 months of admission, I will obtain a Health Care Professional's signed statement and submit it to the School.

Name of Health Care Professional

_____

Address of Health Care Professional

_____

Parent's signature_____ Date_____