



My Quest Montessori

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832-699-5437(KIDS)
myquestmontessori@gmail.com

ADMISSION FORM

OPERATION NAME : MY QUEST MONTESSORI

Date of Admission: _____

Date of Withdrawal: _____

CHILD INFORMATION:

Child's Full Name _____ Birthday _____

Home Address _____ Subdivision _____

City _____ Zip _____ Home Phone _____

Child's Nickname: _____ Gender Male Female

Status of the child's parents: Single _____ Married _____ Separated _____ Divorced _____

Child Lives with: Mother _____ Father _____ Both _____ Other _____

PARENTS / LEGAL GUARDIAN INFORMATION:

Mother Name _____ E-mail _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ TX Driver License No _____

Work Address _____ Occupation _____

Work Phone _____ Cell Phone _____

Father Name _____ E-mail _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ TX Driver License No _____

Work Address _____ Occupation _____

Work Phone _____ Cell Phone _____

Guardian Name _____ E-mail _____

Home Address _____ City _____ State _____ Zip _____

Employer _____ TX Driver License No _____

Work Address _____ Occupation _____

Work Phone _____ Cell Phone _____

AUTHORIZED PICK UP:

Persons to whom MY QUEST MONTESSORI is authorized to release the child; under no circumstances will My Quest Montessori will release a child to anyone not identified below. Additions or changes to the list of persons appearing below will be made on the appropriate school form.

1. Name _____	Relation _____
Address _____	Phone _____
2. Name _____	Relation _____
Address _____	Phone _____
3. Name _____	Relation _____
Address _____	Phone _____

AUTHORIZATION FOR EMERGENCY CONTACT

Persons whom you authorize MY QUEST MONTESSORI to contact for guidance in an emergency such as medical or other emergency, when the child’s parents or guardians are unavailable

1. Name _____	Relation _____
Address _____	Phone _____
2. Name _____	Relation _____
Address _____	Phone _____

CONSENT INFORMATION:

Check all that apply:

<p>1. TRANSPORTATION I give consent for my child to be transported and supervised by the operation’s employees:</p> <p><input type="checkbox"/> For emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school</p>
<p>2. FIELD TRIP <input type="checkbox"/> I give consent for my child to participate in field trips. <input type="checkbox"/> I do not give consent for my child to participate in field trips.</p> <p>Comments: _____</p>
<p>3. WATER ACTIVITIES I give consent for my child to participate in the following water activities:</p> <p><input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds</p>

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|---|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> procedures for release of child |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Procedures for parents to participate in operation activates | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, & DFPS website |

5. MEALS

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

Breakfast will be served before 7:30am; parents must accompany child if arrive after 7:30 for breakfast
Morning and Afternoon snack
Lunch

6. DAYS AND TIMES IN CARE

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

Day of the week	Arrival Time	Departure Time
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

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: _____ Phone: _____

Address: _____

Name of Emergency Care Facility: _____ Phone: _____

Address: _____

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

Signature – Parent/Legal Guardian

Date

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from My Quest Montessori, one of the following must be presented when your child is admitted to My Quest Montessori 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/she is able to take part in the day care program.

Health Care Professional's signature

Date

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 with 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: _____

Address of Health Care Professional: _____

Signature – Parent/Legal Guardian

Date

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 AND HEARING SCREEING (Skip if child is under 4 & School Age Children)

As required by Texas State Law, all children who are 4 years old as of September 1st of the current year must be examined and results must be on file at My Quest Montessori.

(Please Check one)

- I have provided a copy of my child's vision & hearing screening results to MQM.
- The Physician has completed the screening results and signed below.
- My child is not required to complete the vision & hearing screening at this time.

Vision Exam Results

Right Eye	20/_____	Left Eye	20/_____	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
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Hearing Exam Results

	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Right Ear					
Left Ear					

Health Care Professional's signature

Date

VACCINE INFORMATION

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

VACCINE	VACCINE SCHEDULE	DATE 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 6 – 18 months after the first dose.	

TB TEST (if required)

Positive

Negative

Date: _____

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

Health Care Professional's signature

Date

Varicella (chickenpox) vaccine is not required, if your child has had chickenpox disease. If your child has had chickenpox. Please complete the following statement:

My Child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Signature – Parent/Legal Guardian

Date

ALLERGY ALERT

Food Allergies (include symptoms to watch for):

Student's Photo

Food Preferences (include if parent provides substitution):

Medicine and/or Contract Allergies (include symptoms to watch for):

Special Instructions for Allergic Reactions or Medical illness:

ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

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

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

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

Signature – Parent/Legal Guardian

Date

Center Designee

Date