

# A Kid's World Montessori Preschool

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Child's first day (Date): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

In some cases prospective parents may request references from A Kid's World. May we give out your first name and telephone number to these prospective parents? \_\_\_\_

## **Child information:**

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Child Resides with: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## **Release information:**

Please list the names of people whom your child may be release to:

1<sup>st</sup> name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Telephone: \_\_\_\_\_

2<sup>nd</sup> name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Telephone: \_\_\_\_\_

3<sup>rd</sup> name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Telephone: \_\_\_\_\_

The person whose name is listed above must show a valid drivers license or picture identification.

Previous attending Montessori school/day care center:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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### *For office use only*

Teacher:

CCMS:

Yes

No

Driver's license number:

Payment: Weekly Monthly

Rate:

P F R

Enrichment program(s):

PAC member:

Status:

Enrollment Information

Child's Name: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Last four digits of SSN: \_\_\_\_\_ for security purposes: \_\_\_\_\_  
Telephone number(s) while child is in care: \_\_\_\_\_

Occasionally we may need to contact you for non emergency matters. Would you rather be contacted at home or at work.

Name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Last four digits of SSN: \_\_\_\_\_ for security purposes: \_\_\_\_\_  
Telephone number(s) while child is in care: \_\_\_\_\_

**Public School Information**

Name of attending public school: \_\_\_\_\_ Grade: \_\_\_\_\_  
Are your child's immunization records on file at the named school?

**Emergency contact** (other than parent/guardian):

1<sup>st</sup> contact : \_\_\_\_\_ Telephone: \_\_\_\_\_  
2<sup>nd</sup> contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Family Hospital: \_\_\_\_\_

Existing illnesses: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Previous serious illness injuries: \_\_\_\_\_  
Hospitalization in last 12 months: \_\_\_\_\_

Do you authorize transportation to and from school for your child? \_\_\_\_\_  
Do you authorize transportation to and from field trips for your child? \_\_\_\_\_  
May your child participate in water activities? \_\_\_\_\_  
Do you give A Kid's World permission to act on your behalf regarding medical emergency situations if you cannot be contacted or if the situation requires an immediate decision. \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# A Kid's World

Montessori Preschool  
110 McKibben  
League City, Texas 77573  
(281) 338-4664

Child's Name: \_\_\_\_\_

## I understand the following fee policies:

\_\_\_\_\_ Tuition Fees: Tuition is due on Monday of the week your child is in care. If your child is attending on a "drop in" basis, fees are due at the time of pickup.

\_\_\_\_\_ Transportation Fees: If your child requires transportation to and from school and he/she does not attend the center on a regular basis, or attends the center on an hourly basis, a transportation fee of \$2.50 will be charged for each trip made.

\_\_\_\_\_ Returned Checks: A Kid's World will re-deposit a returned check as a courtesy, however, there will still be a \$25.00 returned check charge assessed each time the check is returned to our bank by your bank. If three checks are returned within a year, cash or money order payments will be required for a six- (6) month period.

\_\_\_\_\_ Late Pick Up Fees: Your account will be charged \$.75 for each minute after closing.

\_\_\_\_\_ Late Payment Fees: Your account will be charged a \$25.00 late fee for payments that are not received by noon on Thursday of the week your child is in care.

\_\_\_\_\_ I understand that in order to withdraw my child's enrollment at A Kid's World. Two weeks advance notice is required so that we may contact a parent on our waiting list.

\_\_\_\_\_ I understand I may not bring my child to the facility if he/she is ill. I understand my child will be sent home if he/she has the following symptoms; Fever of 100 degrees or higher, contagious skin or eye infection, diarrhea, or vomiting and may not return until the day following a 24-hour period.

\_\_\_\_\_ A Kid's World's observed holidays; New Years Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Thanksgiving Day after, Christmas Eve, Christmas Day.

\_\_\_\_\_ So that we can maintain the highest quality of education and care for all children, your child's tuition fees must be paid in full regardless of his/her attendance.

\_\_\_\_\_ I have received A Kid's World's policy manual and understand I by enrolling my child, I am agreeing to the terms set forth.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Request for Certificate of Health or  
Physician's Statement**

Dr. \_\_\_\_\_,

RE: \_\_\_\_\_ (Child's Name) Date of Birth: \_\_\_\_\_

Please fax the attached physician's statement to 281-554-2834. If you have any questions, you may contact me at \_\_\_\_\_

Sincerely,

\_\_\_\_\_

\_\_\_\_\_

The above mention child was last seen in my office on \_\_\_\_\_. At the time of last visit the above mentioned child was free of communicable diseases and able to attend a child care facility.

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# The Parent Advisory Committee

## PURPOSE

The Parent Advisory Group of *A Kid's World* has been formed to help improve and maintain the quality of care given to the children enrolled at this center. It will meet with parents to offer suggestions and express their concerns to the center's administration.

## FUNCTIONS

- Parents provide feedback to *A Kid's World* regarding program or facility policies.
- Forum for *A Kid's World* to share policy or program changes.
- Plan seasonal events and/or educational programs to the children enrolled at the center.

## MEMBERSHIP

Membership is taken from the parents of the enrolled children at *A Kid's World*. Officers are nominated and elected at the first meeting for each semester; fall, spring and summer.

## OFFICERS/DUTIES:

*\*President* – Should be familiar with committee mission statement. Presides at all meetings and works closely with Co-Chair and committee members in planning meetings and setting objectives. Length of term consists of one semester.

*\*Vice President* – Should be familiar with mission statement. Is a member of the committee and works closely with the Chair and other committee members. Supports and assists the Chair in setting goals and activities for the committee. Will preside at all meetings in the absence of the chair. Also is responsible for keeping minutes of meeting. Length of terms consists of one semester.

*\*Committee members* – The committee members are composed of one parent from each specified age group at *A Kid's World*. The responsibilities of committee members are to attend and participate in all meetings and assume leadership in areas assigned. Committee members serve a six-month term. In the event a committee member has missed three (3) consecutive meetings the Chair shall call a replacement for the respective areas.

*General Committee members* – The responsibilities of general committee members are to attend and participate in all meetings and assume leadership in areas assigned. General committee members serve on a voluntary basis with no defined length of term.

*\*Receives a five percent discount from tuition rate.*

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\_\_\_\_\_ I am interested in participating in the PAC program.

\_\_\_\_\_ I am unable to participate in the program at this time. (you will be notified of the next enrollment period.)

Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Telephone Number: \_\_\_\_\_