

Brushy Creek Montessori School  
Waiting List Request

(Please Print Clearly)

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent's Info:

Name \_\_\_\_\_  
(Mother) (Father)

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

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_  
(Mother) (Father)

Employed at: \_\_\_\_\_  
(Mother) (Father)

I heard about BCMS from: \_\_\_\_\_

Please indicate schedule preferences:

\_\_\_ Full-time, Mon.-Fri. 7am-630pm      \_\_\_ Part-time, Mon.-Fri. 830am-230pm

Is your child currently potty-trained? \_\_\_\_\_

Date looking to start: \_\_\_\_\_

We would start as early as: \_\_\_\_\_

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For office use:

Taken by \_\_\_\_\_ Fee paid \_\_\_\_\_

# ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>			
1. <input type="checkbox"/> <b>TRANSPORTATION:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees. <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			
2. <input type="checkbox"/> <b>FIELD TRIPS:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips: <b>Parent's Comments:</b>			
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. <b>I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b> <input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, 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 caregiver's should be aware of:

**SCHOOL AGE CHILDREN:**

My child attends the following school:

\_\_\_\_\_ Name of School and Address \_\_\_\_\_ School Ph.#

**CHECK ALL THAT APPLY:**

- His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.
- My child has permission to  ride a bus,  
 walk to and from school,  be released to the care of his/her  
and/or sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**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.

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 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 will submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_ Signature - Parent or Legal Guardian \_\_\_\_\_ Date

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Brushy Creek Montessori  
Enrollment Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Days and Hours of Care \_\_\_\_\_

Child's Address \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ D.L.# \_\_\_\_\_ DOB: \_\_\_\_\_

Day Phone: \_\_\_\_\_  
(Mother) (Father) (Guardian)

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

Emergency Contact: \_\_\_\_\_  
(Name and Day Phone)

I hereby authorize the school to allow my child to leave the facility ONLY with the following persons:

1. \_\_\_\_\_  
(Name and Phone)
2. \_\_\_\_\_  
(Name and Phone)
3. \_\_\_\_\_  
(Name and Phone)

Please list any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries during the past 12 months, medication prescribed for long-term continuous use, or any other information which the staff should be aware of.

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Brushy Creek Montessori School

Development and Personal History for \_\_\_\_\_

Date form completed \_\_\_\_\_

D.O.B. \_\_\_\_\_

These questions are designed to increase the Director's and Teachers' understanding of your child's personality, habits, likes and dislikes, and important people in their life.

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Home Life

- 1. What is the primary language spoken at home? \_\_\_\_\_  
Does your child speak other languages? If so, please state. \_\_\_\_\_
- 2. With whom does your child live? Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Alternates  
Both \_\_\_ (if so, who is the primary \_\_\_\_\_) Other \_\_\_\_\_
- 3. Are there any unusual circumstances in the family? \_\_\_\_\_
- 4. Is your child adopted? \_\_\_\_\_ If so, does your child know this? \_\_\_\_\_
- 5. Brothers (names and ages) \_\_\_\_\_  
\_\_\_\_\_  
Sisters (names and ages) \_\_\_\_\_  
\_\_\_\_\_

Health and Development History

Circle any of the following which apply to your child:

Premature Birth      Normal Birth      Trouble Breathing      Head Injury

- 1. Has your child had any physical impairments or past medical problems? \_\_\_\_\_
- 2. Do you have any concerns about your child's physical development? \_\_\_\_\_
- 3. Do you have any concerns about your child's language development? \_\_\_\_\_
- 4. Can your child was their hands independently? \_\_\_\_\_
- 5. Has your child been found to have a learning disability or delay? \_\_\_\_\_  
Please explain yes answers to the above questions: \_\_\_\_\_  
\_\_\_\_\_
- 6. Is your child careful or fearless? \_\_\_\_\_
- 7. Does your child seem well most of the time? \_\_\_\_\_
- 8. List any medications your child is taking now: \_\_\_\_\_

**Health and Development History (Cont.)**

9. In a year, has your child had as many as three episodes of ear infections? \_\_\_\_\_
10. In a year, does your child usually have more than three colds, throat infections, or other infections with a fever? \_\_\_\_\_ If yes, which one? \_\_\_\_\_
11. Has your child had any of the following diseases? (Please circle all that apply)  
Measles      Mumps      Chicken Pox      Other Communicable Diseases \_\_\_\_\_
12. Please list any allergies (besides food allergies) your child may have: \_\_\_\_\_  
\_\_\_\_\_
13. Has your child ever bitten another child? \_\_\_\_\_

**Diet Record**

1. What are your child's favorite foods? \_\_\_\_\_
2. What foods does your child refuse? \_\_\_\_\_
3. Does your child have an eating problem? \_\_\_\_\_
4. Please list any food allergies: \_\_\_\_\_  
Treatment if necessary: \_\_\_\_\_
5. Are there any foods your child should not eat for religious or personal reasons? \_\_\_\_\_  
\_\_\_\_\_
6. Can your child feed himself? \_\_\_\_\_ Use spoon? \_\_\_\_\_ Use fork? \_\_\_\_\_ Drink from a cup? \_\_\_\_\_

**Social**

1. Who is your child's primary caregiver at home? \_\_\_\_\_
2. What other adults (family or friends) are routinely involved with your child? \_\_\_\_\_  
\_\_\_\_\_
3. By nature, is your child: friendly \_\_ aggressive \_\_ shy \_\_ talkative \_\_\_\_
4. How would you describe their personality? \_\_\_\_\_
5. Does your child have the language skills necessary to communicate their needs to the teacher? \_\_\_\_\_
6. Does your child demand a lot of attention? \_\_\_\_\_
7. What makes your child mad or upset? \_\_\_\_\_
8. How does your child show their feelings? \_\_\_\_\_  
\_\_\_\_\_
9. What frightens your child? \_\_\_\_\_
10. Before your child came to our school, who took care of them? \_\_\_\_\_  
If they were at a previous school, which one? \_\_\_\_\_
11. Does your child usually adjust quickly to change? \_\_\_\_\_
12. What discipline do you find most effective at home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sleeping Habits**

1. What time does your child usually go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_
2. What time does your child usually nap during the day? \_\_\_\_\_ How long? \_\_\_\_\_

**Bathroom Habits**

Toddlers:

1. Is your child toilet-trained? Yes \_\_\_\_\_ No \_\_\_\_\_ In Process \_\_\_\_\_
2. What word is used for urination? \_\_\_\_\_ For bowel movement? \_\_\_\_\_
3. Does your child need to go more frequently than every two to three hours? \_\_\_\_\_
4. Is your child frightened of the bathroom? \_\_\_\_\_

Over 3 years:

1. Can your child be relied on to indicate their need to use the bathroom? \_\_\_\_\_
2. Does your child need help in the bathroom? \_\_\_\_\_
3. Does your child wet the bed at nap time or during the night? \_\_\_\_\_
4. Does your child have accidents? \_\_\_\_\_ How does he/she react to them? \_\_\_\_\_
5. Does your child dress by himself? \_\_\_\_\_

**Parents' Objectives**

What are you most interested in seeing the school develop in your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person(s) filling out history: \_\_\_\_\_

Print: \_\_\_\_\_

# Discipline and Guidance Policy for Brushy Creek Montessori

- ◆ 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) Pinching, shaking, or biting a child;
  - (4) Hitting a child with a hand or instrument;
  - (5) Putting anything in or on a child’s mouth;
  - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
  - (7) Subjecting a child to harsh, abusive, or profane language;
  - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
  - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.	
Signature	Date
Check one please:	
<input type="checkbox"/> parent <input type="checkbox"/> employee/caregiver <input type="checkbox"/> household member of child-care home	

## **Brushy Creek Montessori Parental Permission to Publish Photographs**

Please complete the following form to authorize that photographs taken of your child may be used to online publication on our school websites, <http://www.brushycreekms.com>. This means that all photographs taken of your child by our staff may be edited and published as described above.

### Parent permission

- I, parent / legal guardian of \_\_\_\_\_ (Student's name), authorize Brushy Creek Montessori to publish photographs of my child on the school website. I understand that any photographs and examples of student work published will remain on the website at the discretion of the publishers. The children will not be identified by name.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Acknowledgement

I acknowledge that I have received Brushy Creek Montessori School's Parent Handbook. I understand the school's policies and will respect them. I realize these policies supersede any previous policies and that additions and changes may be made to school policies without notice. Below are some significant items parents need to be aware of:

**Holidays-** We follow the Round Rock School District Schedule and are closed on the following holidays: New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (Wed., Thurs., Fri.), Christmas Break and Spring Break. When a traditional holiday falls on a weekend, we observe the holiday in accordance with the national Monday Holiday Bill. Because our tuition is set on an annual basis, there is no reduction in tuition for holidays. If you are in need of care during Thanksgiving Holiday, Christmas Holiday, or Spring Break, we will have an optional childcare program available upon your request. There will be additional charges for this care.

**Birthday Celebrations-** We have a special way of celebrating birthdays at Brushy Creek Montessori. It is much different than a traditional American birthday; it is much more conducive to the classroom environment. Please do not bring birthday cake but please do participate in our Montessori birthday celebration.

**Medication Policy-** Each day that a child is required to take medication at our school, parents must complete a *Medication Authorization Form* in the office. The medication must be kept in its original container and the following information must be clearly stated: the child's name, doctor's name, prescribed dosage, and date. Please leave a medication spoon with your child's name on it. We cannot administer over-the-counter medication to children under 2-years-old without a signed physician's statement with the child's name and dosage. This will be kept in the child's permanent file. The school will only apply insect repellent if the parents sign a waiver and properly completes a *Medication Authorization Form*. Please do not leave any type of medication in your child's bag.

**Emergency Dismissal-** Occasionally, Cedar Park has flash flood warnings and other severe weather conditions. BCMS will be closed on any day that LISD has cancelled school due to weather conditions; or if it is not during the school session, if city employees are excused from work. As with any missed days, tuition cannot be refunded for a missed day due to weather.

**Financial Policies-** Tuition: Weekly tuition is due and payable on Monday by 6:30 p.m. A parent may pay up to four weeks in advance. A \$5 per day late fee will be applied after Monday. Tuition and fees must be paid in full without deduction for absences of any duration or for any cause, and without substitution of other days of attendance as 'make-up' days.

**Late Fee-** Full day students must be picked up by 6:30 p.m. There is a late fee of \$1 per minute per child for parents who arrive after 6:30 p.m.

**Supply Fee-** A bi-annual supply fee of \$100 per child is billed in September and March for classroom supplies, art and craft supplies, computer programs, manipulative and Montessori materials.

**Deposits-** Your refundable deposit of one week's tuition will be refunded when you provide the written notice at least 30 days in advance.

**Sibling Discounts-** Families enrolling more than one child in a full-time program will receive a \$50 per month discount on the second and additional children that are enrolled.

**Absences and Vacation-** We cannot offer tuition reductions for absences and vacations.

**Temporary Absences of Two Weeks or More-** If you want a guarantee that your spot will be held for you, you must pay the tuition. If you do not pay the tuition your spot may be filled, but you will be put on the top of the waiting list.

**Photography-** We often document your child's activities by taking photographs. Photos are for school use only and are available upon request.

Signature of parents \_\_\_\_\_ Date \_\_\_\_\_

Enrollment Packet and Parent Handbook Amendment  
September 6, 2008

Health and Immunization Requirements

Once a child is 48-months-old they must have an annual hearing and vision screening test performed by their health professional. The hearing and vision screening test is in addition to the doctor's certificate and immunization records that must be updated annually and kept on file at BCMS.

Procedures to Review Licensing Documents

BCMS is licensed by the state of Texas and must meet or exceed the *Minimum Standard Rules for Licensed Child-Care Centers*. You may review a copy of this document at anytime during our normal business hours of 7 am-6:30 pm. This folder is located in a cabinet behind the reception area. Please ask the director or your child's teacher for a copy of this document if you would like to review it.

The most recent licensing reports will be posted on the bulletin board in the reception area alongside our license, daily snack menu, monthly calendar, and other important information.

How to Contact our Local Licensing Office

If you need to contact our local licensing office, you may do so by calling:

Round Rock Office-

512-834-3195

Austin Office-

512-388-6215

You can also find licensing information at [www.dfps.state.tx.us](http://www.dfps.state.tx.us). If ever you suspect child abuse or neglect please call the National Child Abuse Hotline at 1-800-252-5400 for more information, or contact your local licensing office.

I have read and understood the amendments made to the Brushy Creek Montessori School Enrollment Packet and Parent Handbook.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_