



## 2. CONSENT FORM

### CONSENT INFORMATION

Check All That Apply:

#### 1. Transportation

I give consent for my child to be transported and supervised by the operation's employees:

( ) for emergency care ( ) on field trips ( ) to and from home. ( ) to and from school

#### 2. Field Trips

I give consent for my child to participate in field trips.

I do not give consent for my child to participate in field trips.

Comments:

#### 3. Water Activities

I give consent for my child to participate in the following water activities:

( ) water table play ( ) sprinkler play ( ) splashing/wading pools ( ) playgrounds

#### 4. Permission

a. I give Central Montessori School consent to the use of photographs/video recordings taken during my child's enrollment for publicity, promotional, and educational purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or damages. (I understand that by choosing NO, my child will be removed from the group before photos are taken.)

( ) Yes ( ) No

b. I give Central Montessori School consent to release my child's name, address, and phone number to other parents for parties and playdates.

(I understand that by choosing NO, my child may miss opportunities for play dates and birthday parties.)

( ) Yes ( ) No

### 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.

Address.

Phone Number

Name of Emergency Care Facility

Address.

Phone Number

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

Signature — Parent or Legal Guardian



### 3. DISCIPLINE AND GUIDANCE POLICY FORM

#### Discipline and Guidance Policy Form 2024 - 2025

- 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.
  4. A positive method of discipline and guidance that encourages self-esteem, self-control, and self-direction, including the following:
    - (A) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
    - (B) Reminding a child of behavior expectations daily by using clear, positive statements;
    - (C) Redirecting behavior using positive statements; and
    - (D) 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.
  
- 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 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;
  9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Minimum Standards, Subchapter L, Discipline and Guidance, §746.2803 - §746.2807

By signature, I agree to the terms listed above.

Print Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

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



# 4. ILLNESS POLICY FORM

## PARENT COMMITMENT REGARDING CMS ILLNESS POLICIES

I, \_\_\_\_\_, parent of \_\_\_\_\_ agree to follow all precautions and procedures set forth by Central Montessori School to help keep my child, all other children, and staff safe and healthy while participating in school.

**Please initial.**

**I will:**

**1. Illness Policy**

While at school, any staff/child that develops symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrollable diarrhea, hand, foot and mouth disease or vomiting will be sent home immediately. A child who develops a temperature reading of 100 F. (37.7 C) at school will be isolated, and parents will be called. The child will return when they are fever free for 24 hours without fever-reducing medication.

\_\_\_\_\_ pick up my child within 30 minutes if he/she becomes ill during the school day.

\_\_\_\_\_ notify the school if my child or family member contracts an illness.

**2. School Closure Policy**

CMS may be closed at any time due to:

- Inadequate staffing need to maintain minimum required ratios
- A stay-at-home order is issued by local officials
- Katy ISD issued closure

\_\_\_\_\_ agree to follow CMS School Closures.

- I understand that despite all the prevention efforts by Central Montessori School, my child or family may still come in contact with current epidemics.
- I understand that I am returning my child to school at risk of exposing my child and family to possible illness or disease.
- I understand that outside of care, in order to control my child's exposure to the community, I will use best practices and comply with any and all state, county, and local stay-at-home orders.
- I have read and agree to follow the policies and procedures as outlined in the *CMS Epidemic Policies*.

By signature, I agree to the terms listed above.

**Print Parent/Guardian's Name:** \_\_\_\_\_ **Parent/Guardian's Signature:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: This signed acknowledgement form is required in each child's school file. A separate acknowledgement form is required for **each child** attending CMS.



**5. HEALTH STATEMENT 2024-2025**

Your child **cannot** attend CMS **until** this medical information form is on file. This form will only be accepted if completed by a medical professional **after May 31st, 2024**

Child's Name: \_\_\_\_\_  
Gender: (    ) Male (    ) Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm    dd    yyyy

**THIS SECTION TO BE COMPLETED BY PHYSICIAN**

I have examined the child named on this form and find that he/she is able to participate in the preschool program at Central Montessori School. I have examined that immunization record and attest that it is a true and accurate listing.

Physician's Signature: \_\_\_\_\_

Date \_\_\_\_\_  
or place clinic stamp here:

Physician's Name: \_\_\_\_\_

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

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

**If your child is 4 years old by September 1<sup>st</sup>, he/she MUST have a vision and hearing test by his/her doctor. Please provide the results on the backside of this page.**

**THIS SECTION TO BE COMPLETED BY PARENTS**

**Immunization Record:**

Attached is a copy of my child's most current immunization record – record must be after **May 31, 2024**

**Medical History:**

List any allergies: \_\_\_\_\_

**\*If your child has any food allergies, you must have a Food Allergy Emergency Action Plan completed and signed by your doctor.**

Has your child been hospitalized in the past 12 months?    Yes    No

If yes, please explain: \_\_\_\_\_

Has your child previously suffered a serious injury/illness?    Yes    No

List all Long-term medication: \_\_\_\_\_

Is there evidence of

- |                                |     |    |
|--------------------------------|-----|----|
| • Hearing loss or difficulties | Yes | No |
| • Vision difficulties          | Yes | No |
| • Speech disabilities          | Yes | No |

Other special needs:    Yes    No

If yes, please explain: \_\_\_\_\_

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# HEARING AND VISION TEST RESULTS

## **PHYSICIAN'S OFFICE:**

If the child named on this form is 4 years old by September 1<sup>st</sup>, please provide the school with the results either by filling out the table below or attaching the results to this **Health Statement**. Thank you.

<b>Vision Test</b>	R /20	L /20	• PASS	• FAIL
Signature: Date:				
<b>Hearing Test</b>	1000 HZ	2000 HZ	4000 HZ	
R				
L				
• PASS				
• FAIL				
Signature: Date:				