



Admissions Information/Enrollment Agreement

8330 Fry Road, Cypress, TX 77433

281-246-4670

www.lyceemontessori.com

Child Information

Name of Child (First, Middle, Last): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both

Primary Contact and Release Persons

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Mobile: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Mobile: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact Information

Please list the persons you would like contacted (order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. If you wish to have someone only pick up your child such as a baby sitter, we please ask you check off "release only". Photo Identification will be requested at pick up time for the safety of the children. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter).

Mandatory:

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____

Emergency Contact & Release Release Only

If you want any person who other than a parent to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. Pickup authorization emails need to be sent to noor@lyceemontessori.com prior to the adult arriving at LMS. Photo Identification will be requested at pick up time for the safety of the children.

Permission and Notice

CHECK ALL THAT APPLY: I hereby give do not give – consent for my child to be transported and supervised by the operation’s employees:

1. TRANSPORTATION:

for emergency care on field trips to and from home to and from school

2. FIELD TRIPS: I hereby give do not give – my consent for my child to participate in Field Trips
Parent’s Comments:

Note: Field trips will be communicated in advance and not without notice

3. WATER ACTIVITIES: I hereby give do not give – my consent for my child to participate in Water Activities:

sprinkler play splash pads water table play

4. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

None Breakfast AM Snack Lunch PM Snack

5. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

Mondays from: to:
 Tuesdays from: to:
 Wednesdays from: to:
 Thursdays from: to:
 Fridays from: to:

6. RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.

Photo/Video Release Form

Lycee Montessori School has my permission to use my or my child's photograph or video to publicly to promote the school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to Lycee Montessori School by reason of such use.

Child's Name: _____

_____ YES, I give permission for my child's photograph/video to promote the school

_____ NO, I do not give permission for my child's photograph/video to promote the school

Health and Immunization Records

Child's Name: _____ Date of Birth: _____

Immunization

_____ I have provided immunization records

_____ Childs attends public school and his/her records are on file at _____

Admission Requirements (pleaser select one)

_____ My child has been examined by a registered healthcare physician and is able to attend a child care program. I will be able to provide a note or email verifying this statement to the child care program for records

_____ My child attends public/private school

_____ Doctor Signature – I verify that the child named above has been examined in the past year and he/she is physically able to partake in a child care program

Doctor's Signature

Date

Parent's Signature: _____

Date: _____

Medical Information

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR in the event of a medical issue requiring medical care, and a parent cannot be reached LMS will call Emergency Services (911).

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____

Medication that will be administered regularly at the school:

Special Dietary Needs:

Does your child have any allergies? Explain:

Please provide special instructions concerning any other illnesses, as necessary:

Does your child have any medical or physical needs? Explain:

Child Profile

Nobody knows your child like you do. You know the day to day activities and what your child is accustomed to. Please take the opportunity to help us to keep a consistent environment for him/her.

1. What would you like most for your child to experience with us? Has your child had any child care experience?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, names and ages of other children, nicknames, pets etc.

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

5. Who else cares for your child(ren)? _____

6. What language is spoken in your home? _____

8. What are the foods your child likes best? _____

Least? _____

9. What are your child's mealtime routines at home? _____

10. How many hours of sleep does your child receive at night? _____

11. Does your child need to be awakened in the morning to attend the school?

12. What is your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

13. What are your child's bedtime rituals?

14. Does your child take naps? Yes No How long? _____

15. How does your child express anger or react to frustration? _____

16. Does your child have any particular fears? _____

17. How does your child react to change (such as being left by parents)? _____

18. How does your child comfort himself/herself? _____

19. What are your child's play interests (preference for creative, dramatic or construction play)? _____

20. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

21. Is your child able to walk? Yes No

22. Is your child toilet trained? Yes No

TUITION/FEES SUMMARY AND ACKNOWLEDGEMENT

The information listed below is a brief summary of LMS tuition fee and policies. A comprehensive list and explanations can be found in your LMS Family Handbook.

- Tuition fees are based on child's age not classroom placement
- Rates are subject to change with notice
- Reregistration fees are due annually in August
- LMS follows Cypress Fairbanks School District inclement weather closings
- Non-academic days (as noted on our published school year calendar) mean that our academic programs are closed, and care will be provided only to full day students. Closings are non-refundable in the tuition formulas
- Children attending three-day programs must attend only on their designated days which will be established upon enrollment
- Tuition is based on a formula, which spreads the school year tuition over a 180-day academic year calendar
- If your child is out sick, on vacation, school is closed as a planned closure or due to inclement weather or any other emergency no reduction in tuition is made
- **Registration and enrollment fees are non-refundable**
- **LMS requires a written 30-day withdrawal notification with all tuition and fees paid through that date**

I state that to the best of my knowledge all information provided is current and accurate. I hereby agree to all terms and conditions listed in this document. I understand it is my responsibility to keep LMS updated with any information changes listed in this document. I am required to provide new/updated information in writing to the front office as soon as possible.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Phone Number: _____