

**Northwest Montessori House of Children, INC**

**1903 W. Koenig Lane**

**Austin, Texas 78756**

**Executive Director – Shireen de Silva, AMI**

**Tel: 451-6134**

**Director – Misbah Ali Hemani, AMI**

**Fax: 451-6192**

**Web: *nwmontessori.net***

**E-mail: *nwmontessori@gmail.com***

**APPLICATION FORM**

Child’s Name: \_\_\_\_\_ Sex: M/F Date of Birth: \_\_\_\_\_

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

Street

City

Zip

Date of Application: ..... Requested Date:.....

Admission Date :..... Date of Withdrawal: .....

Hours child will be in care.....

Parent’s Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Home

Cell

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

Employer: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Parent’s Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Home

Cell

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

Employer: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

**In case of an emergency in which parents cannot be reached, please call:**

**1. .... Phone No: \_\_\_\_\_**

**Name**

**Relationship**

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

**Street**

**City, State**

**Zip**

**2. .... Phone No: \_\_\_\_\_**

**Name**

**Relationship**

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

**Street**

**City, State**

**Zip**

**RELEASE OF CHILD**

When my child is brought to this facility, I / we agree to always leave him/her with a staff member after signing our names in the appropriate attendance form. This child shall be released only to his/her parents or to persons named below, after signing out on the aforementioned form

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use and any other pertinent information the staff should be aware of:

.....  
.....  
.....

**\*\*\*\*\* SPECIAL EMERGENCY REFERRAL INSTRUCTIONS \*\*\*\*\***

In the unlikely event that I cannot be contacted for emergency medical attention at the time of illness or accident, I hereby authorize Northwest Montessori House of Children, INC to take my child to:

1.....  
Doctor/ Clinic/ Hospital      Address      Phone No:

2.....  
Doctor/ Clinic/ Hospital      Address      Phone No:

Or to any other licensed physician, if the above-mentioned doctors are not available.

.....  
Parent's Signature

.....  
Date

*Northwest Montessori House of Children, INC*

**TUITION RATES AND SCHEDULES**  
**SCHOOL COPY – PLEASE SIGN AND RETURN**

<b>Time Schedule:</b>	<b>Rates: (3-6 yrs)</b>	<b>(18 months –3 yrs)</b>
<b>A. 7:15 am – 1:30 pm</b>	<b>\$870.00</b>	<b>\$890.00</b>
<b>B. 7:15 am – 6:00 pm</b>	<b>\$930.00</b>	<b>\$960.00</b>

A registration fee of \$200.00 is required of new entrants. This fee is not refundable.

There will be **no refund** of the tuition fees for holidays, illness, vacation-withdrawal or any other circumstances. We **do not prorate** tuition for Spring Break or Winter Break, as we use those funds to pay our teachers and for maintenance. Please refer to our school calendar for these specific dates.

The annual materials fee is included the above charges. The only additional fee is a one-time fee \$30 to help cover the cost of our nap mats.

Tuition is due at the beginning of the month, no later than the 7<sup>th</sup>. A charge of \$25.00 will be required for payments made after the 7<sup>th</sup> of each month. In addition, there will be a \$30 charge required for payments not made by the 20<sup>th</sup> of each month. A charge of \$25.00 will be made for returned checks.

For two or more children enrolled in the school, there will be a discount of \$40.00 on the total fees payable.

If a child is withdrawn from the school, re-enrollment of the child is at the discretion of the school.

We raise tuition once a year in September to keep our rates comparable to neighboring schools, to account for rising operational costs, and to increase our teacher's salaries.

**I require my child/children to be enrolled for program: A or B (Please circle).**

**I understand and agree to the aforementioned terms.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Director: Misbah Ali Hemani

\*school copy

*Northwest Montessori House of Children, INC*

**TUITION RATES AND SCHEDULES**

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**I require my child/children to be enrolled for program: A or B (Please circle).**

**I understand and agree to the aforementioned terms.**

\*For your reference

## Vacation/Withdrawal Policies

### **Withdrawal**

If you wish to withdraw your child from the school at any time, 30 days verbal or written notice must be given to the main office. Tuition payment will be required until 30 days after this notice is given or until the child leaves the school, whichever comes later.

### **Vacation During the School Year (September – May)**

If your child will be gone for any amount of time during the school year, please inform your child's teacher and the main office of the dates of their absence. Tuition must be paid as usual during this time, even if the child is absent.

### **Vacation During the Summer (June, July, August)**

If your child will be gone for any amount of time during the summer, please inform your child's teacher and the main office of the dates of their absence. During **ONLY THE SUMMER MONTHS** (June, July, or August), a child who is gone for one month or more may have their tuition for that month(s) waived (no prorating).

- Parents must inform the main office of any intention to withdraw their child for any of the summer months at least 30 DAYS PRIOR to the child's summer absence.
- One month's tuition (to apply to the month that the child will return to school) must be paid before the child leaves for this summer absence. Without this payment, the child's space at Northwest Montessori will NOT be held.

Please note that this policy is only applicable during the summer months; at all other times of year full tuition must be paid, despite absences. Any questions about these policies may be directed to the main office, which can be reached at 451-6134.

**I understand and agree to abide by the Northwest Montessori Vacation Policies.**

---

Parent's Signature

---

Date

**Discipline and Guidance Policy**

- 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 period for the child’s age

My signature verifies that I have read and received a copy of this discipline and guidance policy.

.....  
Signature

.....  
Date

Check One please:

Parent

Employee/caregiver

## *Northwest Montessori House of Children, INC*

The Montessori Method of Education

Dr. Maria Montessori (1870 – 1952) developed the Montessori Method of Education. The Italian Physicians who formulated this method had a particular genius for observing children. The materials are based on the young child's unique aptitude for learning, which Dr. Montessori identified as the "absorbent mind". In her writings she frequently compared the young mind to a sponge. It literally absorbs everything in the environment.

In the Montessori Curriculum, children are exposed to activities such as the Exercises of Practical Life, Sensorial materials, Math, Language, Cultural lessons, History, Geography, Science, Biology, Art, Art appreciation and Music. Curriculum such as reading composition and mathematics require progressive build-up for successful concept development. Concepts of Social consciousness and personal work habits also need a period of time for internalization.

The environment is designed to take advantage of the child's sensitive periods in learning.

### **Policies and Procedures**

#### **Time Schedules:**

- a. The school operates from Monday through Friday every day, with the exception of listed holidays and published vacations including Spring Break in March, Christmas, and associated holidays at the end of each year. The school opens at 7:15 am for early arrivals. A good night's sleep, a nutritious breakfast and a pleasant morning experience will set the tone for the whole day.
- b. Classroom activities begin between 8:30 a.m. and 8:45 a.m. If you need to bring your child after these times, a staff member will greet your child at the gate and walk with him/her in, so as to cause the least disruption to the classroom.
- c. All children in the full-day program, must be picked up by 6:00 pm. A fee of \$3.00 will be charged for every 5 minutes or part, after pick-up time.
- d. All children in the half-day program, should be picked up by 1:30 pm at the latest, as staff need to be released to supervise the children taking a nap. A fee of \$3.00 will be charged for every 5 minutes or part, after pick-up time.

#### **Attendance Log:**

- a. Each parent or guardian of a child/children shall sign in and out and include the time in the Attendance Log located at the entrance of the building.
- b. It is the duty of the classroom lead teacher or designee to ensure accuracy of these logs.

## *Northwest Montessori House of Children, INC*

### **Procedures for Release of Children:**

Each child will be released only to a parent or authorized guardian as indicated on the Application Form after signing the attendance log. Appropriate papers must be included in the child's file in the case that a child should not be released to a parent or guardian.

**Health Forms:** These forms should be duly completed and signed by both you and your doctor, and returned to us on the first day of school. These include immunization and Tuberculin testing requirements.

### **Hearing and Vision Screening:**

State law requires all children ages 4 and 5 be screened for hearing and vision.

### **Sickness and Medication:**

If your child has a contagious disease, fever, vomiting or diarrhea within 24 hours, please keep the child at home as we do not have facilities for sick children. If you require the teachers to dispense any medicine to your child, kindly authorize in writing on the Medication Forms in your child's classroom. Please indicate the dosage and time the medicine should be given. The school cannot be held responsible for any dosage missed.

**School Records:** If your child's emotional, social, physical or health development dictates further information, please attach it with your application.

It is necessary that our records be kept up to date. Please inform the school of new immunization dates and other information in the health record. Changes in address, telephone numbers or emergency numbers shall be reported immediately such a change occurs.

### **Medical Emergencies:**

In the event that a child in our care falls sick or gets hurt, the classroom teacher or designee shall immediately inform one of the parents or guardian. The incident form shall be immediately written by the classroom teacher or designee and forwarded to the director, prior to filing it in the child's record. In an extremely serious situation, we will call 911 for emergency medical services assistance.

### **Weather & Outdoor Policies:**

Children go outside every day in our program, as we consider outdoor play an essential element of the curriculum that supports the growth of children. Schedules may be modified to accommodate inclement or extreme weather, which will include temperatures falling below 32° F and above 100° F. We ask that parents provide a doctor's note if a child is not able to go outside due to health reasons. Please always dress your child in warm layers in cold weather and apply sunscreen and bug spray on hot days.



## *Northwest Montessori House of Children, INC*

### **Transportation/Field Trips:**

The school does not provide transportation of any kind, nor do we engage in field trips.

### **Water Activities:**

Once a year in the summer each building has a Splash Day, when the children get to engage in water activities. We will have a sprinkler set up on the playground and other fun things to do. The children should wear their swimsuits to school on this day and bring an extra change of clothes.

### **Absence:**

If your child needs to stay at home due to sickness or other reason, please call and inform the child's classroom teacher. You will be provided your child's campus phone number upon enrollment.

### **Discipline and Guidance:**

Parents or guardians will be provided a copy of the Discipline and Guidance Policy and shall read and acknowledge receipt of it at the time of enrollment.

### **Clothing:**

Each child must have a clearly marked "Zip-lock" bag, with a change of clothes for emergency use. Please clearly mark all items of clothing with the child's name. Coats, jackets and other clothing items should also be labeled.

The child should wear soft sole shoes to school. This makes climbing easier and safer, with less noise in the classroom and a surer footing.

Labeled diapers and "Wet Wipes" should be sent with toddlers.

### **Lunch:**

Please send a healthy packed lunch for your child. Kindly send a napkin, as well as any utensils the lunch requires as we foster good eating habits. Morning and afternoon snacks are provided by the school.

### **Birthdays:**

Birthdays can be celebrated in the classroom. Please notify the teacher in advance if you would like to do something special, so that she can plan for it.

### **School work:**

Folders will be sent twice a month. The parents of toddlers and pre-schoolers should not expect too many written papers as the children are encouraged to work with Montessori materials and little work is done on paper.

## *Northwest Montessori House of Children, INC*

**Naptime:** Vinyl toughware mats are used for naptime. You may purchase one at the school for \$30.00 each, for children staying after 1:30 pm.

Each child must bring his or her own set of labeled nap gear (blanket or nap roll, small pillow) as desired. These items should be in a labeled plastic bag or duffel bag to keep them separate from the blankets and pillows of other children.

**Conferences:** Parent/teacher conferences can be scheduled upon request.

**Animals on Site:** The classrooms have parakeets and aquariums, however the children do not handle them. The aquariums are serviced by a professional, and the bird cage is cleaned regularly by the teacher.

**Parental Visits:** Parents are permitted to visit and observe their children in the school at any time, in an unobtrusive manner. Parents can also participate in the school's operations and activities, with prior permission from the director.

### **Minimum Standards for Child-Care Centers:**

A copy of these rules and also the school's most recent licensing inspection report is available for review in the office located in 1903 W. Koenig Ln.

### **Texas Department of Protective and Regulatory Services:**

- a. Licensing Office: Telephone: (512) 835-3195
- b. Website: [www.tdprs.state.tx.us](http://www.tdprs.state.tx.us)
- c. Child Abuse Hotline: 1-800-252-5400 (available 24 hours)

**Messages for the Teacher:** Please have hand-written message handed over to one of the staff at greeting time or send an email to [nwmontessori@gmail.com](mailto:nwmontessori@gmail.com). If you wish to talk to your teacher, the message will be passed on to her and she will return your call as soon as possible.

**Toys:** Please do not send toys to school, due to the possibility of loss or damage and distraction to your child's workday.

Any item of interest to your child may be sent on Friday for 'show and tell'. Preferably it should be of an educational nature.

**Staff:** It is our policy that no member of the staff is permitted to provide baby-sitting for any child enrolled in our school, before and after their normal working hours. We would appreciate your cooperation accordingly.

*Northwest Montessori House of Children, INC*

**Emergency Preparedness:** In the event of an emergency, operating procedures are in place to ensure the safety of children.

**Evacuation Plans:**

- All employees are responsible for moving children to the designated safe area
- Emergency evacuation & relocation diagrams are located in areas specified by DFPS & local authorities
- In some circumstances, parents will be called upon to pick up their children. As needed, the local authorities will be called to aid in the transportation of the children to an alternate shelter away from the center.
- Alternate shelter: Capitol School of Austin, 2011 W. Koenig Lane, Austin, TX 78756
- Upon departure and arrival, the director or alternate assistant will have a list of all children that must be accounted for. Together, the director or alternate assistant and the caregivers will verify that all children are present.
- The director or alternate assistant is responsible for calling the local authorities needed such as: Fire department, ambulance, local police or sheriff, poison control, and DFPS child care licensing.
- The director or alternate assistant is responsible for securing children's emergency numbers, emergency medical authorizations, and attendance sheets during an emergency

**Gang-Free Zone:** A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of Northwest Montessori. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

**Parent’s Acknowledgement:**

1. We will provide parents a copy of these Policies and Procedures.
2. Parents acknowledge receiving a copy of these Policies and Procedures by signing and dating the attached form.
3. This acknowledgement is kept in the child’s record as long as the child remains at our facility

**Thank you for your cooperation.**

**Revised May 2017**

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*Northwest Montessori House of Children, INC*

**Parent's Acknowledgement of  
School Policies and Procedures**

This is to acknowledge that Northwest Montessori House of Children has provided me with a copy of their current Policies and Procedures, comprising of four pages. I have read and understood the contents therein.

Parent's Name: .....

Parent's Signature: .....

Date: .....

**NORTHWEST MONTESSORI HOUSE OF CHILDREN, INC**  
**1903 W. Koenig Lane**  
**Austin, TX 78756**

*Executive Director - Shireen de Silva, AMI*  
*Director – Misbah Ali Hemani, AMI*  
*Asst. Director – Denise Pastor*

*Telephone #: 451-6134*  
*Fax #: 451-6192*  
*E-mail: nwmontessori@gmail.com*  
*Web: nwmontessori.net*

**Website Photo Permission**

Dear Parents,

We are making efforts to update our website and would like your permission to post photos of all our students in their classrooms, on the playground, and participating in special events. No names are ever used. Please check whether or not we may do so with your child and return this form to the front office as soon as possible. If you have any questions please feel free to call the office anytime at (512) 451-6134.

\_\_\_\_\_ I Agree to let my child's photo be posted on the **school website**

\_\_\_\_\_ I Do Not Agree to let my child's photo be posted on the **school website**

\_\_\_\_\_ I Agree to let my child's photo be posted on the **school Facebook page**

\_\_\_\_\_ I Do Not Agree to let my child's photo be posted on the **school Facebook page**

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

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Thank you so much!

Sincerely,  
Northwest Montessori

# 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>		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:	
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>					
<b>Walk home</b>		<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
<b>2. <input type="checkbox"/> 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>					
<b>3. <input type="checkbox"/> 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
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
<b>5. 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
<b>6. 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:

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Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

**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:  walk to or from school or home,  
 ride a bus, and/or  be released to the care of his/her 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			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

# ADMISSION INFORMATION

## HEALTH REQUIREMENTS

<b>Name of Child:</b>	<b>Date of Birth:</b>

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

<b>TB TEST</b> (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
------------------------------	-----------------------------------	-----------------------------------	-------------

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

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

Parent's signature _____	Date _____
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at  
[www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

Signature – Parent or Legal Guardian	Date
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**Northwest Montessori House of Children  
School Calendar 2018/2019**

<b>September-18</b>	
3 Monday	Labor Day; Student & Staff Holiday
<b>October-18</b>	
9 Tuesday	1901 Picture Day
10 Wednesday	1907 Picture Day
11 Thursday	1905 Picture Day
12 Friday	1903 Picture Day
31 Wednesday	Halloween Party
<b>November-18</b>	
20 Tuesday	Thanksgiving Lunch
21-23 Wed-Fri	Thanksgiving Holidays; Student & Staff Holidays
<b>December-18</b>	
14 Friday	1903 & 1905 Winter Program 5-7pm
21 Friday	Student Holiday, Staff Holiday
24-31 Mon-Mon	Winter Holidays; Student & Staff Holidays
<b>January-19</b>	
1 Tuesday	Winter Holidays; Student & Staff Holidays
2 Wednesday	Student Holiday, Staff Development Day
3 Thursday	Classes Resume
21 Monday	Martin Luther King Jr. Day; Student and Staff Holiday
<b>February-19</b>	
14 Thursday	Valentine's Day Party
<b>March-19</b>	
18-22 Mon-Fri	Spring Break Holidays
<b>April-19</b>	
18 Thursday	Easter Egg Hunt
19 Friday	Good Friday; Student & Staff Holiday
<b>May-19</b>	
27 Monday	Memorial Day; Student and Staff Holiday
<b>June-19</b>	
3 Monday	Summer Program begins
<b>July-19</b>	
4 Thursday	Independence Day; Student and Staff Holiday
<b>August-19</b>	
12 Monday	Beginning of New Semester

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  **Yes (higher risk for a severe reaction)**  **No**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_








**THEREFORE:**

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





## SEVERE SYMPTOMS

 <b>LUNG</b> Short of breath, wheezing, repetitive cough	 <b>HEART</b> Pale, blue, faint, weak pulse, dizzy	 <b>THROAT</b> Tight, hoarse, trouble breathing/ swallowing	 <b>MOUTH</b> Significant swelling of the tongue and/or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<b>OR A COMBINATION</b> of symptoms from different body areas.

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

 <b>NOSE</b> Itchy/runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea/ discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.15 mg IM  0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

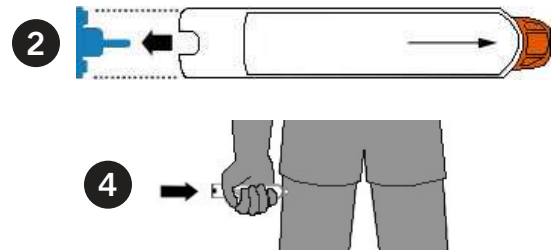
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

## EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



## ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

# **Extracurricular Activities at** **Northwest Montessori**

## **Spanish**

Provider: Mariposas Spanish  
School  
Meets Mondays and Wednesdays  
with Maestra Laura  
Ages 2 and up  
(512) 653-7369  
[www.mariposasspanish.com](http://www.mariposasspanish.com)

## **Chinese**

Provider: Cool Panda  
Meets Thursdays  
with Ms. Siugi  
Ages 2 and up  
[info@cool-panda.com](mailto:info@cool-panda.com)  
[cool-panda.com](http://cool-panda.com)

## **Gymnastics**

Provider: Dance Associates  
Meets Tuesdays  
with Ms. Audrey  
Ages 2 and up  
(512) 323-6013  
[www.danceassociatesaustin.com](http://www.danceassociatesaustin.com)

## **Chess**

Provider: The Knight School  
Meets Mondays  
with Coach Ed  
Ages 4 and up  
(512) 730-1399  
[www.theknightschool.com](http://www.theknightschool.com)

## **Dance**

Provider: Kinderdance  
Meets Thursdays  
with Ms. Karin  
Ages 2 and up  
(512) 468-7419  
[www.kinderdanceaustin.com](http://www.kinderdanceaustin.com)

## **Computer Class**

Provider: IQ Kids  
Meets Thursdays  
with Ms. Michele  
Ages 2 and up  
[iqkids@austin.rr.com](mailto:iqkids@austin.rr.com)  
(512) 567-9240

**All fees are payable to each individual provider. Please contact individual schools for information regarding fees and payment. Thank you!**