



Dear Parent,

Thank you for your interest in Watters Montessori Academy.

We are accepting applications for children from 18 months to 9 years old.

The enrollment package is attached to this letter.

The tuition fee can be requested at the time of your visit.

Please complete the package in advance and bring it to the school. We will be happy to provide a tour of the facility and give you an opportunity to meet the teachers.

Note: we are willing to work with you on your particular needs, so please ask.

For more information please visit our web site: www.wattersmontessori.com

Also note that we must have completed paper work before the child can start, it is a state requirement.

Warm Regards,
Ms. Renuka Gahlot
Director and Owner
214 383 9000



Updates: date and initial

1. _____

2. _____

Application form for Enrollment / Registration

Child's Information

Name: _____ Birth Date: _____

Age: ____ yrs ____ months ____ Boy ____ Girl SSN#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Is your child potty trained? ___ Yes ___ No

Languages spoken at home: _____

Previous/Current School: _____ Phone#: _____

Does your child have any specific sleeping habits (blankets, pacifier etc)? _____

What goals do you have for your child in a Montessori environment? _____

Mother's information

Name: _____ DL#: _____ SSN#: _____

Home Address: _____

Home Phone #: _____ Work/Cell Phone #: _____

Email address: _____ Authorized to pick Child: ___ Yes ___ No

Occupation: _____ Employer: _____

Employer's Address: _____

Father's Information

Name: _____ DL#: _____ SSN#: _____

Home Address: _____

Home Phone #: _____ Work/Cell Phone #: _____

Email address: _____ Authorized to pick Child: ___ Yes ___ No

Occupation: _____ Employer: _____

Employer's Address: _____

Application form for Enrollment / Registration Continued....

Program:

5 DAY PROGRAM	Tick Box	Comments
Half Day: 8:30am – 12:00pm		
Full Day: 8:30am – 3:00pm		
Full Day + Before/After School Care: 7:00am - 6:30pm		

3 DAY PROGRAM (M- W- F)	Tick Box	Comments
Half Day: 8:30am – 12:00pm		
Full Day: 8:30am – 3:00pm		
Full Day + Before/After School Care: 7:00am - 6:30pm		

2 DAY PROGRAM (T – Th)	Tick Box	Comments
Half Day: 8:30am – 12:00pm		
Full Day: 8:30am – 3:00pm		
Full Day + Before/After School Care: 7:00am - 6:30pm		

After School for students attending public schools	Tick Box	School Name and Time
After school 3:00pm to 6:30pm		

Enrollment FEE: \$100 per child – not refundable

SUPPLY FEE: \$200 per child, per semester, \$40 per month for June and July.

I understand that the Enrollment and Supply fees are non-refundable and non-transferable and the tuition is paid one month in advance.

_____ (Parent's signature)

Additional Comments _____

FOR SCHOOL USE ONLY:

Date of Enrollment: _____	Start Date: _____
Enrollment / Application Fee: \$ _____	Supply Fee: \$ _____
Received by: _____	Check no(s): _____

Student Health Record

Child's Name: _____ Birth date: _____

Parent's Name: _____

**** You may attach the latest copy of your Child's immunization record from your Doctor****

IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DTP/DTaP/DT					
POLIO: IPV or OPV					
MEASLES: Rubeola/Serampion					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
Varicella (see below)					
TB TEST (if required)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		Date tested: _____		
Signature or stamp of Health Care professional verifying immunization information above					
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Signature – Health care professional </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div>					
Varicella (chickenpox) vaccine is not required if your child has had chickenpox diseases. If your child has had chickenpox, please complete the following statement: "My child had varicella disease (chickenpox) on or about (date) _____ and doesn't need varicella vaccine."					
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Signature – Parent or Guardian </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div>					
_____ 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.					

It is a mandatory State requirement for Vision and Hearing tests at the Age of Four (4) and Six (6) Years old.

Vision Test: _____ Date taken, please attach report from doctor.

Hearing Test: _____ Date taken, please attach report from doctor.

Statement of Health

Child's Name: _____ Birth date: _____

Parent's Name: _____

Please fill only one option: This must be presented within one week of admission

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

Signature of Health Care Professional

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. _____

Does this child have any serious health problems? No Yes. If yes, please explain _____

Does this child have allergies to any of the following? (Please be specific)

- Food: No Yes, if yes, explain _____
- Medicine: No Yes, if yes, explain _____
- Insect bites: No Yes, if yes, explain _____
- Other: No Yes, if yes, explain _____

Has this child had any serious injuries or illnesses or been hospitalized for any reason during the last 12 months? No Yes, if yes, explain _____

Does this child have any special needs? No Yes, if yes, please explain _____

Is this child on any long-term medications? No Yes, If yes, please explain _____

Note: If this medication must be give during the school day, please complete an Authorization Form.

I acknowledge that the information provided herein is true and accurate.

Signature – Parent or Guardian

Printed Name

Date

Emergency & Medical Release

Child's Name		Birth Date:	
Address:		City:	Zip:
Mother		Employer:	
Home #:	Work #:		Other #:
Father		Employer:	
Home #:	Work #:		Other #:

List of people other than parents who can be notified in case of emergency

Name & Address:	Home #:
	Work/Cell #:
Name & Address:	Home #:
	Work/Cell #:

Medical Release Card

Physician's Name and Address:		Phone #:
Insurance Company:	Name of Insured:	
Group #:	Policy#:	
Emergency Medical Information: (Also state your preferred hospital, if any)		
Medical Alert:		Medicine Allergies:
Food Allergies:		

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize Watters Montessori Academy to render first aid and/or take my child to the nearest medical facility for any and all necessary treatment. I agree to pay for any and all expenses related to medical services for my child (please notarize below).

Signature – Parent or Guardian

Printed Name & relationship to child

Date

Release Authorization

Individuals, other than parent, to whom Watters Montessori Academy is authorized to release your child.

Name #1: _____ Relationship: _____

Address: _____

Home Phone #: _____ Mobile Phone #: _____

Driver's License#: _____

Name #2: _____ Relationship: _____

Address: _____

Home Phone #: _____ Mobile Phone #: _____

Driver's License#: _____

The following person(s) are forbidden by court order to pick up my child unless specific written authorization has been granted. Please attach legal documentation.

Name(s): _____

Remarks: _____

I acknowledge that the information provided herein is true and accurate.

Signature – Parent or Guardian

Printed Name

Date

Discipline and Guidance Policy for WATTERS MONTESSORI ACADEMY

Name of Operation

- ◆ 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:

parent

employee/caregiver

household member of child-care home

Watters Montessori Academy

1292 Bossy Boots Drive, Allen, TX 75013 Tel: 214-383-9000 Fax: 214 383 9391

Uniform Policy Acknowledgement (does not apply to Infants (up to 17 months))

Watters Montessori Academy has a mandatory uniform policy. It is important that your child arrives at school in their proper uniform daily. This dress code / uniform policy has been established to help create a positive school climate. Students are to abide by this policy in an effort to emphasize standards of neatness in grooming, uniformity in our school's image, and pride in our school. Parents are requested to cooperate and enforce the school uniform policy.

All students are expected to be in full uniform each day with the exception of scheduled, non-uniform days.

The shirt or dress with the school logo must be purchased from the school recommended supplier (Academic Outfitters- see flyer at front desk). The skirts, cardigans, pants, socks, and shoes may be purchased by the parent in accordance with this policy from any clothing/uniform store.

GIRLS (Required Uniform)

- Long / short sleeve knit shirt with or without collar. Colors: Navy Blue or Maroon
- Acrylic V-neck cardigan. Color: Navy Blue or Maroon
- Girl's skirt (split skirt ok) or pull-on pants with elastic waistband. Color: Khaki

BOYS (Required Uniform)

- Long / short sleeve knit shirt with or without collar. Colors: Navy Blue or Maroon
- Acrylic V-neck cardigan. Color: Navy Blue or Maroon
- Children's pull-on shorts or pants with elastic waistband. Color: Khaki

Socks:

- Girls: Solid White or Navy blue (tights are also acceptable in White or Navy)
- Boys: Solid White or Navy blue

Shoes:

- Rubber soled, closed-toe shoes, no sandals or boots please

PARENT ACKNOWLEDGEMENT:

I acknowledge and agree to abide by the uniform policy and will ensure my child arrives to school each day in the appropriate uniform attire.

Signature – Parent or Guardian

Printed Name

Date

Parent Agreement and Checklist

Name of Child

Please check and initial:

_____ Application for Enrollment

_____ Student Health Record

_____ Statement of Health

_____ Emergency & Medical Release

_____ Medication Authorization (if applicable, child care agency form)

_____ Release Authorization

_____ Uniform Policy Acknowledgement

_____ Discipline Guidance Policy (child care agency form)

_____ Parent Handbook and Operational Manual (available from Director)

_____ Tuition and Supply Fee Schedule (available from Director)

_____ A check for the amount of the Enrollment Fee and Supply Fee. (See Tuition & Fees form for details. Please make checks payable to "Watters Montessori Academy")

YES _____ NO _____: My email address and phone number may be given to Watters Parent Association (WPA) for school purposes.

YES _____ NO _____: My child may participate in Water Activities – Wading Pool only

YES _____ NO _____: My child may be photographed by the school for school scrapbook, website & school advertising.

YES _____ NO _____: My child may be given up to 6oz of fruit juice as ordered from Jason's Deli or an outside caterer.

I understand that my child will not be considered enrolled until all forms are fully completed and accepted in writing by Watters Montessori Academy. I commit to pay tuition by the 8th of every month.

Signature of Parent or Guardian

Printed Name

Date

Tuition and Supply Fee Schedule (18 Months to 9 Years)

5 DAY PROGRAM		Regular monthly
Half Day 8:30am – 12:00pm		\$
Full Day 8:30am – 3:00pm		\$
Full Day + Before & After School Care 7:00am - 6:30pm		\$
After school Care (own Transport) 3:00pm to 6:30pm		\$
<ul style="list-style-type: none"> • <i>Montessori Education</i> • <i>Music, Spanish, Nature Study, Movement, Cooking, Computers in class, Arts & Crafts, Stretch & Grow, Science Experiments : <u>Included</u></i> • <i>Additional Extra Curricular activities: Ballet, Karate, Cranium Computers, Sports at <u>extra cost</u></i> <p>** Half Day, Part time and After school student activities based on schedule</p>		

3 DAY PROGRAM (M- W- F)		Regular monthly
Half Day 8:30am – 12:00pm		\$
Full Day 8:30am – 3:00pm		\$
Full Day + Before & After School Care 7:00am - 6:30pm		\$
<ul style="list-style-type: none"> • <i>Montessori Education</i> • <i>Music, Spanish, Nature Study, Movement, Cooking, Computers in class, Arts & Crafts, Stretch & Grow, Science Experiments : <u>Included</u></i> • <i>Additional Extra Curricular activities: Ballet, Karate, Cranium Computers, Sports at <u>extra cost</u></i> <p>** Half Day, Part time and After school student activities based on schedule</p>		

2 DAY PROGRAM (T – Th))		Regular monthly
Half Day 8:30am – 12:00pm		\$
Full Day 8:30am – 3:00pm		\$
Full Day + Before & After School Care 7:00am - 6:30pm		\$
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Enrollment Fee \$100. SUPPLY FEE: \$200 all ages, per child per semester. \$40 per month for June and July.

Supply fee and Enrollment fee - NON-REFUNDABLE.

SIBLING RATE: 10% monthly tuition discount from regular rates.

BEFORE/AFTER SCHOOL CARE WITH NOTICE: \$8 hourly (7:00am – 8:30am and 3:00pm - 6:30pm).

LATE PICKUP FEE: \$10 hourly up to 6:30 pm. \$1 per minute after 6:30pm.

SUMMER MONTHS – Special Program: June and July. \$40 per month supply/activity fee.

Children 18 months to 3 years and older children who need a nap: Blanket, Sheet & Pillow.

SNACKS: Morning and Afternoon snacks will be provided by the school.

LUNCH: Pack from home OR buy catered lunch (Jason's Deli).

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