

Castle Montessori Schools

ENROLLMENT APPLICATION

Dear Parent,

Thank you for considering Castle Montessori for your child!

We are currently accepting applications for enrollment. This enrollment package contains all the necessary forms that should be completed in full and submitted with the appropriate registration and enrollment fees.

The current Tuition and Fees Schedule is available by directly contacting the school location you are interested in.

The following is the contact information for each of our schools so please submit your completed application either in person, by U.S. Mail, email, or fax.

Castle Hills Montessori
1416 W. Hebron Pkwy.
Carrollton, TX 75010
Phone 972-492-5555
Fax 972-492-5516
carrollton@castlemontessori.com

Castle Mound Montessori
3200 Peters Colony Road
Flower Mound, TX 75022
Phone 972-539-3333
Fax 972-539-0033
flowermound@castlemontessori.com

Castle Montessori of Plano
6455 Tennyson Pkwy.
Plano, TX 75024
Phone 972-781-2333
Fax 972-781-2330
plano@castlemontessori.com

Castle Montessori of Frisco
5050 Legendary Drive
Frisco, TX 75034
Phone 972-377-2220
Fax 972-377-2233
frisco@castlemontessori.com

Castle Montessori of McKinney
6151 Virginia Pkwy.
McKinney, TX 75070
Phone 972-529-1222
Fax 972-529-9503
mckinney@castlemontessori.com

Should you have any questions, please don't hesitate to contact the school directly. Thank you for your consideration and we look forward to serving you and your family.

Sincerely,



Varsha Patel
Founder & Head of Schools

Castle Montessori Schools

Parent Agreement & Checklist

Name of Child

Campus (Office Use Only)

Program (Office Use Only)

Please check and initial:

- _____ Application for Enrollment
- _____ Signed Tuition & Fees Schedule (*request form via Admissions Office*)
- _____ Authorization to Release Student Health Records
- _____ Emergency & Medical Treatment Form
- _____ Immunization Record
- _____ Uniform Policy Acknowledgement Form
- _____ Permissions Form
- _____ A non-refundable check for the amount of the Registration Fee, Application Fee, and Supply Fee. (See Tuition & Fees Form for details)

Please note that part-time space is limited. Additionally, in the interest of maintaining the most consistent environment for the children and to provide the highest quality learning experience possible, applicants for the full time program will be given priority in the enrollment process.

I understand that my child will not be considered enrolled until all forms are fully completed and accepted in writing by the Castle Montessori Admission Office.

Signature of Parent or Guardian

Printed Name

Date

FOR SCHOOL USE ONLY:

DATE OF ENROLLMENT: _____

PROGRAM: _____

APPLICATION FEE : \$ _____

REGISTRATION FEE: \$ _____

SUPPLY FEE: \$ _____

SECURITY DEPOSIT: \$ _____

Castle Montessori Schools

Application for Enrollment

(Please Type or Print)

Enrollment Date _____

PARENT/GUARDIAN INFORMATION

MOTHER

Mother's Name _____ Driver's License No. _____

Home Address _____

Home Phone Number _____ Work/Mobile Phone Number _____

Email Address: _____

Occupation _____ Employer _____

Authorized to pick up Child: Yes No

FATHER

Father's Name _____ Driver's License No. _____

Home Address _____

Home Phone Number _____ Work/Mobile Phone Number _____

Email Address: _____

Occupation _____ Employer _____

Authorized to pick up Child: Yes No

Are parents separated or divorced? _____ If so, who has custody? _____

CHILD INFORMATION

Name _____ Date of Birth _____ Age _____ Gender _____

Home Address _____

Home Phone Number _____

Language(s) spoken at home: _____

Are there any nicknames you prefer we **NOT** use with your child? (i.e. Billy for William, Meg for Margaret, etc.)?

Is child toilet trained? Yes No Partially

Is child cared for by anyone other than parents? If so, specify: _____

Please be specific when providing the following information so we may understand your child better.

- Please list previous schools / daycares situations your child has been exposed to prior to this application.
- What is the reason for switching schools? *(Please attach additional sheets if necessary.)*
- How did you hear about Castle Montessori and what specific goals do you have for your child at Castle Montessori?
- Where does your child sleep and does he/she share a room/bed with anyone?
- Does your child use utensils or eat with fingers?
- Does your child eat unassisted? Yes No
- When your child is upset, what helps him/her calm down?
- Are there any particular routines that are helpful at naptime?
- What would you like us to know about your child?

RELEASE AUTHORIZATION

Please specify any Individuals **other than parents** to whom Castle Montessori is authorized to release your child.

Name _____ Phone number _____

Address _____

Relationship _____ Driver's License No. _____

Name _____ Phone number _____

Address _____

Relationship _____ Driver's License No. _____

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

Name(s) _____

Remarks _____

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

Signature of Parent / Guardian

Date

Castle Montessori Schools

Authorization to Release Student Health Records

CHILD'S NAME: _____

I _____, hereby authorize
(Name of parent or legal guardian)

(Name of person/entity who should release records)

(Address of person/entity who should release records)

(Telephone and Fax of person/entity who should release records)

to release the following information to the Admissions Office of Castle Montessori via fax at

Fax #: _____
(Admissions Office Use Only)

Phone #: _____
(Admissions Office Use Only)

From the records of: _____ (Name of Student/Patient whose records will be disclosed) _____ (Date of Birth)

For the purpose of: _____

Information to be disclosed:

- Immunization Records
- Health Statement
- Hearing Test Results

This authorization is given freely with the understanding that:

- 1) Any and all records are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.
- 2) A signed photocopy or fax of this authorization is as valid as the original.
- 3) I may revoke this authorization at any time in writing, except where information has already been released.
- 4) Castle Montessori Schools and its employees are hereby released from any legal responsibility or liability for receipt of the above information to the extent indicated and authorized herein.

Parent or Guardian Signature

Relationship to Patient

Date

Castle Montessori Schools

Emergency & Medical Treatment

Classroom Name: _____
(Assigned by Admissions Office)

Child's Name:		Birth Date:	
Address:		City:	Zip:
Mother/Guardian Name:		Employer:	
Home #:	Work #	Cell #	
Email Address			
Father/Guardian Name:		Employer:	
Home #:	Work #	Cell #	
Email Address			

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

Name:	Home #	Work/Cell #
Address:	City / State	Zip Code

Medical Treatment Card

Physician's Name:		Phone #
Insurance Company:		Name of Insured:
Group #	Policy:	
Emergency Medical Information: (also state your preferred hospital, if any)		
Medical Alert:	Medicine Allergies:	
Food Allergies & Restrictions:		
Please specify how we should respond if your child has an allergic reaction?		

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the staff of Castle Montessori Schools 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 the medical services for my child.

Signature of Parent or Guardian

Date

Castle Montessori Schools

Immunization Record

Child's Name: _____

Birth Date: _____

Date: _____

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					
Rotavirus					
MUMPS					
RUBELLA					
Hib					
Hepatitis A					
Hepatitis B					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Varicella (see below)					
Influenza					
Meningococcal					
Pneumococcal					

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

The State of Texas requires annual **vision** and **hearing** testing at the age of four (4) years old.

Vision Test: Passed Failed Deferred Date: _____
 Hearing Test: Passed Failed Deferred Date: _____

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 a group care facility. I have verified the above immunization records to be true and accurate."

Signature of Physician or Public Health Personnel

Print Name

Date

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 such.

Signature of Parent / Guardian

Print Name

Date

Castle Montessori Schools

Uniform Policy Acknowledgement

(Primary & Elementary Students)

Castle Montessori Schools have a mandatory uniform policy. It is important that your child arrives at school in his/her 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.

School shirts are embroidered with the school name and must be purchased through Castle Montessori Schools, including jumpers. The pants, socks, and shoes may be purchased by the parent in accordance with this policy from any place.

GIRLS (Required Uniform)

- Short sleeve Peter Pan Blouse. Color: White
- Girl's plaid jumpers. Color: Navy Blue / Red

BOYS (Required Uniform)

- Short sleeve knit shirt with ribbed collar and school name and logo. Colors: Red or Blue
- Children's pull-on shorts or pants with elastic waistband. Color: Navy or Khaki

Socks:

Girls: Solid White (White tights are also acceptable.)

Boys: Solid White or Navy

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. I also agree that I will need to purchase the shirts and jumpers from the school and the cost of the shirts and jumpers will be due and payable at the time of purchase.

I acknowledge and accept being charged automatically for each uniform if my child is not in the proper uniform attire after three (3) reminders have been given to me by the school.

Signature of Parent or Guardian

Printed Name

Date

Castle Montessori Schools

Permissions Form

Name of Child: _____

CHECK ALL THAT APPLY:

Photographs:

Castle Montessori Schools will be taking photographs of the children from time to time for publishing on the school's website, school's social media sites, and photo slideshows (smileboxes).

- I give consent for my child to be photographed by the school for the school's website
- I give consent for my child to be photographed by the school for the school's social media sites
- I give consent for my child to be photographed by the school for the school's photo slideshows.
- I **do not** give consent for my child to be photographed by the school for any reason.

Field Trips / Transportation:

I authorize the school to transport my child on field trips: Yes No

I authorize the school to transport my child to/from _____ Yes No
Name of Elementary School

Water Activities:

I authorize my child to participate in water activities: Yes No

I authorize the school to apply sunscreen to my child to participate in outdoor activities and water activities. Yes No

Hearing, Vision, Speech/Language:

I agree to permit my child to undergo vision, hearing (audiometric) and speech/language screening by a certified screener or to provide proof of such screening conducted privately by a physician, optometrist or other licensed professional by the school.

Yes No

Home Lunches and/or Snacks:

I acknowledge and agree that if I choose to provide my child's meals and/or snacks from home, the school is not responsible for its nutritional value or for meeting the child's daily food needs.

Parent or Guardian Signature

Print Name

Date