

# Miss Thea's Montessori Schoolhouse

## CHILDREN'S FILE CHECKLIST

- \_\_\_\_\_ Child Care Application for Enrollment
- \_\_\_\_\_ Emergency Contacts ( if applicable)
- \_\_\_\_\_ Discipline and Expulsion Policies
- \_\_\_\_\_ Food Allergies & Activity Permission signed by parent/guardian
- \_\_\_\_\_ Nutrition Plan notice
- \_\_\_\_\_ Tuition Schedule
- \_\_\_\_\_ Hours of operation/Program Form
- \_\_\_\_\_ Medication Authorization (if applicable)
- \_\_\_\_\_ Parental Agreement
- \_\_\_\_\_ Media Release
- \_\_\_\_\_ Handbook Policy Receipt
- \_\_\_\_\_ School Physical Health Entry Exam
- \_\_\_\_\_ Florida Certification of Immunization
- \_\_\_\_\_ Selecting Family Day Care Home Provider
- \_\_\_\_\_ Distracted Adult Brochure Receipt in April and September
- \_\_\_\_\_ Influenza Receipt (August-September)

# Miss Thea's Montessori Schoolhouse

## **Child's Information:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

**Days of the Week in Care:** M ☐ T ☐ W ☐ Th ☐ F ☐ ☐ ☐

## **Parent/Guardian Information:**

Child's Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): \_\_\_\_\_

**Medical Information:** I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

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

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

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

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

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

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

Hospital Preference: \_\_\_\_\_

**Please list allergies, special medical or dietary needs, or other areas of concern:**

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# Miss Thea's Montessori Schoolhouse

## Parent/Guardian Information & Emergency Contacts

Mother/Guardian Name : \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail : \_\_\_\_\_

Father/Guardian Name : \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail : \_\_\_\_\_

### **Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached **(Please write neat and clean)**.

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail : \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail : \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail : \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail : \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail : \_\_\_\_\_

# Miss Thea's Montessori Schoolhouse

## Helpful Information About Child:

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All documents listed bellow must be either signed and turned in to the school or shared as family resources prior to child's first day of attendance.

- ☐ Current physical examination and immunization record prior to day of attendance.
- ☐ Disciplinary and expulsion policies
- ☐ Distracted Adult
- ☐ Influenza Virus Brochure
- ☐ Family Day Care Home/ Large Family Child Care Home Handbook brochure  
"Selecting A Family Day Care"

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**\*Please Note: It is required that both/all responsible party sign this form.**

# Miss Thea's Montessori Schoolhouse

## Disciplinary Policies

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Physical punishment is strictly prohibited at MTMS. Our approach to discipline involves positive redirection to help children make appropriate choices and exhibit good behavior. If minor incidents occur, parents will be notified through an Incident Report, and we encourage open communication to address any concerns. However, if a behavior issue persists despite our efforts to redirect it, MTMS and the family will work together to determine the best course of action for the child's well-being. Students who engage in inappropriate or unsafe behaviors may face suspension or expulsion. Keeping us informed about any changes in your child's life will help us provide the best possible care.

**Our disciplinary action involves utilizing positive redirection to steer children towards positive choices and conduct.**

- Children should not be subjected to discipline that is harsh, degrading, or intimidating.
- Spanking or any type of physical punishment is strictly forbidden.
- Discipline should not be linked to food, rest, or toileting.
- Students should not be deprived of active play as a result of misbehavior.

**Your signature as the parent(s) or legal guardian(s) confirms that you have received written notification of the disciplinary procedures at MTMS.**

\_\_\_\_\_  
Parent (s)/Guardian Signature Date

\_\_\_\_\_  
Date

# Permission for Food-related Activities and Special Occasion Food Consumption

These activities include such things as: classroom cooking, projects, gardening, school wide celebrations, and birthdays.

I, \_\_\_\_\_ give \_\_\_\_\_ (or) decline \_\_\_\_\_ permission for my  
Signature of Parent(s) or Guardian(s)  
child \_\_\_\_\_ to participate in food related activities and special  
Child's Name  
occasions wherein food is consumed.

Please provide the following information:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she **may** participate in activities.

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she **may not** participate in activities.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she **may** participate in activities, but may not eat or handle the following items (please list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she **may not** participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Parents/Guardians Signature:

\_\_\_\_\_  
Date:

# Nutrition Plan

## Agreement

Date: \_\_\_\_\_

Dear Parent:

"I \_\_\_\_\_ understands that  
as the parents/guardians of \_\_\_\_\_  
I will work cooperatively with MTMS to assure that my children are provided with  
nutritious meal by me."

\*Please read the following carefully, sign, and return as soon as possible to MTMS

The parent/guardian agrees to provide a nutritious: (Parent checks those which apply.)

\_\_\_\_\_ breakfast \_\_\_\_\_ lunch \_\_\_\_\_ evening snack

**\*Meal should be stored in an insulated lunchbox to keep food at a safe temperature.**

**MyPlate guideline from the USDA website.**

<https://www.fns.usda.gov/tn/serving-myplate-yummy-curriculum>



\*I have read the preceding and agree to meet the child's nutritional needs as defined above.

Date: \_\_\_\_\_

Parents/Guardians Signature: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

# Miss Thea's Montessori Schoolhouse

## Tuition Schedule

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Both enrollment and first week tuition fees are due prior to finalizing your child's enrollment.

1. Annual registration- \$150 & \$50 off any additional child
3. Annual material/program fee \$100 is due every August
2. First payment of tuition based on individual selected program

The tuition fee is invoiced on Wednesday and must be settled by Friday for the upcoming week. In case the full payment is not received by the end of business hours on the following Monday, a late fee of \$15 will be imposed daily until the outstanding amount is paid in full. If a payment remains overdue for a week, the reservation for your child's space may be forfeited. Consequently, your child will not be allowed to attend school starting from Friday of any week where the tuition fee is not fully paid. Similarly monthly and yearly tuition options will follow the same procedure according to the payments due date.

**I have read and fully understand the contents of this document. I agree to the terms and conditions stated above.**

\_\_\_\_\_  
Parent (s)/Guardian Signature Date

\_\_\_\_\_  
Parent(s)/Guardian Full Name

\_\_\_\_\_  
Parent (s)/Guardian Signature Date

\_\_\_\_\_  
Parent(s)/Guardian Full Name

\_\_\_\_\_  
Date

**Please Note: It is required that both/all responsible party sign this form.**



# Miss Thea's Montessori Schoolhouse

## Hours/Program Form

### Hours/Program Forms

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Program: Full-Time ☐ Part-Time ☐

Registration fee \$150 & \$50 off additional child

Annual material/program Fee \$100

**\*Our intimate class setting, with only 10 students, provides the ideal learning environment for your child.**

Programs (age)	Schedule (time)	Tuition
0-11 months	<input type="checkbox"/> 7:00 am to 6:00 pm	\$250 Weekly
<b>full time</b> 1-2 years	<input type="checkbox"/> 7:00 am to 6:00 pm	\$220 Weekly
3 to 4 years	<input type="checkbox"/> 7:00 am to 6:00 pm	\$200 Weekly
<b>part time</b> 1 to 4 years	<input type="checkbox"/> <b>5 day Week</b> 9:00 am to 2:00 pm <input type="checkbox"/> <b>3 day Week</b> 7:00 am to 6:00 pm	\$180 Weekly

Once your child arrives to school, please remove all toys, electronics, et cetera from your child prior to exiting your vehicle to promote a smooth transition into care. Your child may bring a favorite blanket or stuffed animal for nap or story time.

Is your child fully potty trained? ☐ Yes ☐ No

\_\_\_\_\_  
Parent(s)/Guardian Full Name

\_\_\_\_\_  
Parent (s)/Guardian Signature

\_\_\_\_\_  
Date

# MEDICATION GUIDELINES

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## A. Administration of Prescription and Non-Prescription Medication

1. Whenever possible, medication schedules should be arranged so all medication is given at home.
2. Medication must be delivered to the school by the parent/guardian in the original container and the Medication Administration Authorization form must be signed by the parent/guardian and health care provider (Medical Doctor, Physician Assistant, or Advanced Practice Registered Nurse).
3. Medication Administration Authorization forms must be completed and signed by parent or guardian and health care provider for **each medication** given and each time **any changes** occurs.
4. The medication label must indicate the student's name, medication name, health care provider's name, dosage, time to administer, and expiration date.
5. If the medication requires special equipment for administration, the parent must supply the necessary item.
6. All medications to be administered by school personnel shall be **received, counted** and **stored** in original containers. When a medication dose is given to a student, it **must be recorded**. If dosage is not recorded, it will be assumed that the student did not receive the required dose.
7. When the medication is not in use, it shall be stored in its original container in a secure fashion **under lock and key** in a designated location.
8. Medication that is not picked up at the end of the school year by the parent or guardian will be **destroyed**.



# MEDICATION ADMINISTRATION AUTHORIZATION

## ONE MEDICATION PER FORM

### TO BE FILLED OUT BY PARENT OR HEALTH CARE PROVIDER

Student \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Allergies \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_ Specific Time \_\_\_\_\_

Route ☐ by mouth ☐ inhaled ☐ injection ☐ other: \_\_\_\_\_

Health Condition Requiring Medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

I have determined that it is medically necessary for this medication to be provided during the school day for the above named child.

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Provider Phone #

\_\_\_\_\_  
Provider Office/Stamp

### Parent/Legal Guardian Authorization

I authorize the director or my child's teacher designee to assist in the administration of the medication for my child (named above). I certify that the prescribed medication is in its **original container** and that it is medically necessary, according to my physician's instructions, for this medication to be provided during the school day, including when my child is away from school property on official school field trips. I understand this **medication will be given only according to the directions on the label as prescribed by the doctor.**

Further, I agree to waive any claims of liability that may arise against any school personnel relative to the administration of medication to my child according to these directions.

**I further understand that, at the end of the school year, it will be my responsibility to pick-up any unused medication by the last day of the school year, otherwise the school will dispose of the medication.**

Parent/Legal Guardian Phone #: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# Miss Thea's Montessori Schoolhouse

## Parental Agreement with MTMS

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1- I consent to settle the tuition fees for the program by the specified deadline throughout the academic year. Penalties will be imposed for late payments. Furthermore, **my child will be unable to participate in school activities if there are any outstanding fees.** Kindly consult the Program Form for additional details. Please note that tuition fees are subject to revision.

2- **It is understood that a written notice of two weeks must be provided to the Director/Owner before withdrawing my child. Failure to do so may result in being billed if the child is withdrawn without notice.**

3- I understand that the school, MTMS, offers breakfast from 8:00 to 8:30 am, lunch from 11:00 to 11:45 am and snacks from 3:30 to 4:00 pm. I also understand that I will ensure the school is aware of any food allergies and/or religious/cultural food practice.

4- I acknowledge that it is my duty to accompany my child to the classroom. I will ensure that my child is fully awake and walking before leaving them on the ground. I am aware that the teacher will conduct a visual inspection upon arrival. To ensure a seamless transition into care, I will make sure to leave any toys, electronics, and other items in my vehicle.

5- In the event that my child wears diapers or is in the process of potty training, I acknowledge that I am responsible for supplying the required disposable diapers/pull-ups, undergarments, change of clothing and wipes. It is important to note that only disposable diapers/pull-ups are allowed. It is required to have a set of clean clothes, which includes underwear, shoes, and socks, readily available in the classroom at all times. Each item of clothing should be labeled with the child's name.

6- **I acknowledge that it is my responsibility to notify the center of any specific dietary needs that my child may have. In cases where my child is unable to consume certain foods due to allergies or religious beliefs,** I will ensure that an allergy form is completed and signed by a pediatrician.

7- It is my responsibility to ensure that the school is promptly informed of any changes in my address, phone numbers, and contacts.

8- **In the event that I fail to pick-up my child(ren) at the conclusion of the selected program, I acknowledge that various options will be considered. The course of action will be determined based on the frequency and cause of the tardiness. Should late pickups occur repeatedly, there may be extra fees imposed and a potential program adjustment. If all efforts and emergency contacts prove unsuccessful, and my child(ren) remain uncollected by 7:00 p.m. MTMS, the organization reserves the right to involve the Department of Children and Families (DCF) and law enforcement to locate the family.**

9- A current physical examination (Form 3040) and immunization record (Form 680 and/or 681) at time of enrollment are required to continue with regular attendance.

10- **In the event that my child becomes sick or experiences an accident while under the supervision of MTMS, the center will inform me without delay and will have my permission to arrange for appropriate medical treatment for my child. I will ensure that the center has my current contact details.**

11- **I give permission to MTMS to acquire any medical treatment necessary as determined by the staff, licensed medical personnel, emergency personnel, ambulance personnel, doctors, and nurses. Additionally, I accept full responsibility for all medical costs and release MTMS from any liability.**

**12-I give permission to MTMS to transport my child in the event of an emergency requiring transportation for evacuation purposes.**

13-I acknowledge that if my child is unwell, which may include symptoms such as a persistent cough, unidentified rash or spots, a temperature of 100.0 degrees Fahrenheit or higher, intense headaches, stomach discomfort, pink eye, diarrhea, or if my child is unable to engage in regular daily activities, they will not be allowed to attend school until they have been symptom-free for a period of 24 hours. If my child has a contagious illness, it is necessary to provide a medical release form from a healthcare professional before they can resume attending school.

**14-I acknowledge that the school has a specific policy concerning the administration of medication. I consent to provide the school with all necessary details as per the policy.**

15-I acknowledge that I have received and thoroughly reviewed a copy of the Family Handbook. I hereby consent to comply with all the policies and procedures of MTMS as stated in this agreement, as well as any future updates that may be made.

**\*I have thoroughly reviewed and comprehended all of the policies outlined, and I am aware that modifications can be carried out anytime during the school year.**

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

\_\_\_\_\_  
Parent(s)/Guardian Full Name

\_\_\_\_\_  
Parent (s)/Guardian Signature Date

\_\_\_\_\_  
Date

# Miss Thea's Montessori Schoolhouse

## Permission for Media Release

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Dear Parent/Guardian:

Throughout the academic year, we capture images of various school events and activities to showcase the positive atmosphere and keep everyone informed. As a result, some of these photos may feature your child, either prominently or in the background.

These pictures could be shared on our school website, social media channels, newsletters, billboards, and advertisements.

We kindly ask for your permission to publish any photos that include your child on these platforms.

Please indicate your decision by choosing one of the options below and returning the completed form:

### Photo Release Consent:

☐

I hereby allow the reproduction and publication of my child's photograph(s)

☐

I do not allow the reproduction and publication of my child's photograph(s)

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

\_\_\_\_\_  
Parent(s)/Guardian Full Name

\_\_\_\_\_  
Parent (s)/Guardian Signature Date

\_\_\_\_\_  
Date

# Miss Thea's Montessori Schoolhouse

## Parent Handbook Signature Page

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Dear Parent/Guardian:

Please sign the designated lines below and return the form after reviewing the Parent Handbook.

We, as the parent(s)/guardians of \_\_\_\_\_  
have thoroughly read and comprehended the information provided in the Parent Handbook.

We acknowledge our commitment to adhere to the guidelines and regulations stated in the Parent Handbook. We are aware that the school has the authority to modify policies and procedures as required, and we will comply with any revisions. The School will ensure that any updates to the Handbook are communicated to us.

Please note that the Parent Handbook does not serve as an enrollment contract.

\_\_\_\_\_  
Parent (s)/Guardian Signature Date

\_\_\_\_\_  
Parent(s)/Guardian Full Name

\_\_\_\_\_  
Parent (s)/Guardian Signature Date

\_\_\_\_\_  
Parent(s)/Guardian Full Name

\_\_\_\_\_  
Date

**Please Note: It is required that both/all parents or guardians sign this form.**