

# Castle Montessori Schools

## Welcome Letter

Dear Parent,

Thank you for considering Castle Montessori for your child!

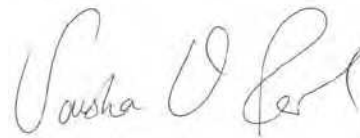
Castle Montessori's academic philosophy is based on authentic Montessori principles for students ranging from toddlers to lower elementary age (3rd Grade). The heart of learning at all Castle Montessori Schools thrives in its orderly and beautiful classroom environments in which our certified teachers promote joy in learning and the development of each child's true potential by enabling their intellectual, emotional, physical, and social growth through the Montessori philosophy and techniques.

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/enrollment fees.

**Please request the current Tuition and Fee Schedule Form directly from the campus location you are interested in enrolling your child.**

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Varsha Patel', is positioned above the printed name.

Varsha Patel  
Founder & Head of Schools

# Castle Montessori Schools

## Parent Agreement & Checklist









Name of Child

**Campus (Office Use Only)**

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Program (Office Use Only)

***Please check and initial:***

- |   |       |   |
|---|-------|---|
|    | _____ | Application for Enrollment  |
|    | _____ | Signed Tuition & Fees Schedule ( <i>request form via Admissions Office</i> )  |
|    | _____ | 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 #
Name:	Home #	Work/Cell #

## 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

Hearing Test:

☐ Passed

☐ Failed

☐ Deferred

**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.

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Signature of Parent or Guardian

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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 website (slideshows), school advertising/marketing and in the school yearbook.

- ☐ I give consent for my child to be photographed by the school.
- ☐ I **do not** give consent for my child to be photographed by the school.

### 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

### 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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date