

Application for Admission

Summer Program

Student's Full Name _____

Preferred name or nickname _____

Date of Birth _____ Age _____ Gender _____

Program attending (check appropriate boxes) :

____ School Day (7:00-3:00)

____ All Day (7:00-6:00)

Address _____

City _____ State _____ Zip _____

Home Phone Number _____

What public school would your child attend? _____

Parent's Name _____

Home Address _____

Telephone _____ Cell Phone _____

Employer _____ Occupation _____

Employer's Address _____ Work Phone _____

Email _____

Parent's Name _____

Home Address _____

Telephone _____ Cell Phone _____

Employer _____ Occupation _____

Employer's Address _____ Work Phone _____

Email _____

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS

This school admits students of any race, color, national and ethnic origin to all the rights, Privileges, programs and activities generally according or made available to students at the school. It does not discriminate on the basis of color, race, national and ethnic origin in administration of its educational and admissions policies, scholarship and loan payments, and athletic and other school administered programs.

Has the child previously attended a child-care center or school? ___no___yes

Where?_____For how long?_____

Reason for leaving_____

Child's present living arrangement:

___Both parents ___One Parent ___Other

Child's legal guardian

___Both parents ___One Parent ___Other

Is your child adopted? ___yes___no

Are they aware of their adoption? ___yes___no

Does your child speak English? ___yes___no

What language is primarily spoken at home?_____

List all individuals living in the home (including parents/stepparents)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name_____Phone_____Relationship_____

Address_____

These persons may be contracted in an emergency when guardian(s) may not be located, and have permission to pick up the child when guardian(s) is/are not able to do so in person:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who may NOT pick up your child?_____

I,_____, the parents of_____ have completed the admission information and agree to update the information as it becomes necessary.

Parent's Signature_____Date_____

Medical History Form

Child's name _____

Child's physician or Clinic's Name _____

Telephone Number _____ Any Known allergies _____

Address _____

LEGAL REQUIREMENTS

By state law all children are required to have these immunizations in order to enter a school or child care center: Mumps, Measles, Rubella, Diphtheria, Tetanus, Pertussis, Polio, HibCV, Varicella, Hepatitis A, and Pneumococcal. We are required by the Department of Regulatory and Protective Services to have a copy of your child's immunization record from your family physician, clinic or public health department documenting the number and types of doses, and the date on which they are given. IF your physician does not give all the immunizations listed, he/she must attach a written statement to that effect. This form, or an acceptable substitute, MUST be in your child's file in our office within one week of your child's admission. As your child is immunized you must bring an updated copy to the office.

Has your child had any serious illness or hospitalization in the last 12 months? ___no___yes

Explain _____

EMERGENCY MEDICAL CARE

In the event that I am not immediately available and / or upon serious illness or injury to my child, I hereby authorize the staff of Amarillo Montessori Academy to obtain emergency medical care and to transport the child for emergency medical treatment.

Parent's Signature _____ Date _____

A written statement from a healthcare professional who has examined the child indicating the child is able to take part in the child care program must be on file with AMAS within one week after the date of admission. If this is not possible, please indicate the date of your upcoming appointment. _____

ADMISSION INFORMATION

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 all
required immunization and/ or tuberculosis test are current.
Vision and Hearing screening records are also on file.

IMMUNIZATION RECORD:

I have provided the children's 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.

Care Professional's Signature Date

Health

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

Publicity and Marketing

The Academy continually engages in advertising and marketing activities designed to inform the public concerning the Montessori method and philosophy and the way it is implemented at the school. Brochures containing pictures of children at their work, Internet marketing, videotapes of programs in which the children perform, and slides of classroom activities are often used in public presentations. Please indicate your wishes regarding this below.

The Amarillo Montessori Academy may use, publish, or broadcast any photograph, tape recording, or television tapes and may use the materials at its discretion any teacher using pictures for instructional purposes does so under this policy. I acknowledge the above policy and give my permission for the use of photographs, tape recording, etc. of my child.

(Print child's full name)

Signature _____ Date _____

I do not give permission for my child to be photograph or tape recorded.

Signature _____ Date _____

Please share my phone number with my child's room parent. ___yes___no

Financial Information

Fee Schedule:

1. Application Fee for New Student	(nonrefundable)	\$250
2. Summer Only Application Fee for New Student	(nonrefundable fee)	\$75
3. Waiting List Fee	(applied to application fee)	\$50

**IF YOUR CHILD STARTS SCHOOL AFTER JULY 2022,
THE 12 MONTH PAYMENT IS NOT AN OPTION**

The nine-month payment plan will have a pro-rated amount for the month you enroll.

Program	Hours		Month
Infant	7:00 a.m.-6:00 p.m.		
\$9,960	12 monthly payments	June-May	\$830
Toddler/Bridge			
All Day	7:00 a.m.-6:00 p.m.		
\$10,020	12 monthly payments	June-May	\$835
\$7,884	9 monthly payments	August-May	\$876
School Day	7:00 a.m.-3:00 p.m.		
\$8,376	12 monthly payments	June-May	\$698
\$6,570	9 monthly payments	August-May	\$730
Preschool & K			
All Day	7:00 a.m.-6:00 p.m.		
\$9,636	12 monthly payments	June-May	\$803
\$7,560	9 monthly payments	August-May	\$840
School Day	7:00 a.m.-3:00 p.m.		
\$7,932	12 monthly payments	June-May	\$661
\$6,237	9 monthly payments	August-May	\$693
Elementary 1st – 5th Grade			
All Day	7:00 a.m.-6:00 p.m.		
\$11,112	12 monthly payments	June-May	\$926
\$8,334	9 monthly payments	August-May	\$926
School Day	7:00 a.m.-3:00 p.m.		
\$9,636	12 monthly payments	June-May	\$803
\$7,227	9 monthly payments	August-May	\$803

Note: All fees are proposed and subject to change. The Board of AMA reserves the right to correct typographical errors or to adjust the Tuition and Fees schedule at any time it deems necessary.

Digital Recording & Video Surveillance Policy

To ensure the protection and security of the children who attend Amarillo Montessori Academy (the "Academy"), the teachers and staff employed by the Academy, parents of children and visitors to the Academy, the Academy is equipped with a video surveillance system and security cameras that monitor and record each classroom at the school. Cameras are in childcare areas but are not in bathrooms, diaper changing areas, or administrative offices.

Because we value and respect the privacy of all children, parents, teachers, and staff at the Academy, the video surveillance system and security cameras are for internal purposes only. The video feed and images are secure, will be stored on a hard drive located in the executive Director's office, viewable only on a computer located in that office, cannot be viewed remotely and will not include a live video-streaming system. The video footage will not be continuously monitored.

The video footage will not be used for any unlawful or inappropriate purpose, including but not limited to any violation of the legal rights (including the rights of privacy and publicity) of other or the transmission of any defamatory, harmful, obscene, threatening, vulgar, profane, abusive or racially, ethnically or otherwise objectionable or unlawful material.

Video footage will be viewed only in certain circumstances, including:

- (1) when an incident occurs requiring report and investigation by Texas Department of family and Protective Services Child Care Licensing;
- (2) when any child is injured requiring medical attention;
- (3) when any employee is injured requiring medical attention; and
- (4) when any inappropriate behavior is alleged to have occurred.

If any incident delineated above occurs, the applicable video footage may be viewed first by the Executive Director. At his/her discretion, the footage may then be viewed by the member of the Executive Board. If the Executive Director and a member of the Executive Board find it necessary, the footage may also be viewed by an attorney. In the event the matter is not resolved at this point, the footage may, upon request, be viewed by a teacher, staff, or other employee involved in the delineated incident and his or her representative, if any, may also view the footage at this time if they so request. At any time, the footage may be viewed by a representative of the Texas Department of Family and Protective Services Child Care Licensing.

The Academy will maintain video footage for a period of thirty (30) days. The Academy will not, and is not obligated to, archive or otherwise maintain videotape or other reproduction of the content which appears on the video for future reference beyond thirty (30)

I, undersigned, agree that I have read and understand this Digital Recording & Video Surveillance Policy and I agree to comply with all policies and procedures contained herein.

Parent/Staff Signature

Date

Amarillo Montessori Academy

Nutrition Policy

I, THE UNDERSIGNED PERENT.LEGAL GUARDIAN OF _____,
HAVE READ THE NUTRITION POLICY IN THE PARENT HANDBOOK, (ON PAPER OR ONLINE). I
UNDERSTAND THAT THE CHILD-CARE CENTER IS NOT RESPONSIBLE FOR MEETING MY CHILD'S DAILY
FOOD NEEDS AND I AGREE THAT I WILL UNDERTAKE THAT RESPONSIBILITY,

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____

Parent Handbook

Welcome to the Amarillo Montessori Academy! Our parent handbook is available to read on our web
site: amarilomontessori.com or you can request a paper copy from the office.

The staff is here to work with your family to make your child's education and care the very best it can
be.

I acknowledge that I have read the parent handbook for Amarillo Montessori
Academy.

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____

Sunscreen & Bug Spray Consent Form

I, Parent of _____,

AGREE/DO NOT AGREE to allow Amarillo Montessori Academy to apply sunscreen and / or bug spray to my child as needed.

Signature: _____

Date: _____