



Castle Montessori of McKinney

Where the magic of learning begins!

Dear Parent,

Thank you for considering Castle Montessori of McKinney for your child!

We are currently accepting applications for enrollment for children ages 12 months through 9 years of age. We also invite you to come and tour our facility so you can learn more about our school and curriculum and we can answer any questions you may have.

This enrollment package contains all the necessary forms that should be completed in full and submitted with the appropriate registration/enrollment fees. The Tuition and Fee Schedule may be requested via email at mckinney@castlemontessori.com or via telephone at 972-529-1222.

PLEASE MAIL OR FAX YOUR COMPLETED ENROLLMENT PACKAGE TO:

Castle Montessori of McKinney
Admissions Office
6151 Virginia Pkwy
McKinney, TX 75070

FAX: 972-529-9503

Should you have any question, please don't hesitate to contact us at 972-529-1222. Thank you for your consideration and we look forward to serving you!

Sincerely,

The Staff at Castle Montessori of McKinney



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Parent Agreement & Checklist

Name of Child

Program

Please check and initial:

- _____ Application for Enrollment
- _____ Registration Form
- _____ After School Care Registration Form (*if applicable*)
- _____ Tuition & Fees Form (*request form via Admissions Office*)
- _____ Student Health Record
- _____ Emergency & Medical Release Form
- _____ 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 make checks payable to "Castle Montessori of McKinney".)

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.

- Please check this box if you would like to convert your application to a full time (5-day) application if that is the only space that would be available in your child's school year.

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: \$ _____



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Application for Enrollment

(Please Type or Print in Ink)

Enrollment Date _____

CHILD INFORMATION

Name _____ Program _____

Date of Birth _____ Age _____ Gender _____ Social Security #: _____

Home Address _____

Home Phone Number _____

Languages 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

Are parents separated or divorced? _____

Is child cared for by anyone other than parents? _____

Please try to be specific when providing the following information so that we may understand your child as well as possible.

- 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?
- Why do you feel that Castle Montessori is an appropriate choice for your child?
- What specific goals do you have for your child in a Montessori environment?

- Where does your child sleep? Does he/she share a room/bed with anyone?

- List any allergies or special needs your child has.
- List any food restrictions your child has.
- List your child's special interests and activities.
- Is your child read to at home? If yes, how frequently and what topics does he/she enjoy?
- What would you like us to know about your child?

- Describe your child's social style in terms of relationships to others (i.e. peers, adults, siblings, etc.) in new settings and familiar situations.

- Circle the 8 words that you feel best describe your child. Add extra words in the margin if your thoughts are not listed here:

"helpful" "trusting" "playful" "curious" "builder" "peaceful" "active" "attentive"
 "good-hearted" "concentrating" "dreamer" "methodical" "enthusiastic" "gentle" "loving"
 "passive" "patient" "gregarious" "orderly" "daring" "responsible" "alone" "bad" "timid"
 "amusing" "talkative" "perfect" "sensitive" "needy" "lively" "logical" "tireless"
 "studious" "contemplative" "headstrong" "neat" "artistic" "content" "fussy" "quiet"
 "reserved" "calm" "nature loving" "not smart enough" "worrisome" "spoiled" "cheerful"
 "diligent" "confident" "free-spirited" "individualistic" "refined" "difficult" "considerate"

PARENT INFORMATION

MOTHER

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

Home Address _____

Home Phone Number _____ Work/Mobile Phone Number _____

Occupation _____ Employer _____

Employer's Address _____

Authorized to pick up Child: Yes No

FATHER

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

Home Address _____

Home Phone Number _____ Work/Mobile Phone Number _____

Occupation _____ Employer _____

Employer's Address _____

Authorized to pick up Child: Yes No

SIBLINGS

Please specify siblings and whether you would be interested in our after school program for each.

Name	Age	Daycare / School	Interested in after school care?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe

RELEASE AUTHORIZATION

Individuals, **other than parent**, 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 attach legal documentation.

Name(s) _____

Remarks _____

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

Signature of Parent / Guardian

Date



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Registration Form

Date: _____

Program: _____

Name of 1st Child: _____ M F Age: _____ Birthdate: ____/____/____

Name of 2nd Child: _____ M F Age: _____ Birthdate: ____/____/____
(if applicable)

Name of Mother: _____

Address: _____

Home Phone Number: _____ Other Phone Number: _____

E-mail Address _____ Employed by: _____

Name of Father: _____

Address: _____

Home Phone Number: _____ Other Phone Number: _____

E-mail Address _____ Employed by: _____

Please select the program(s) you are interested in:

Programs	Infant (12 mo. – 17 mo.)	Toddler (18 mo. – 3 yrs)		Primary (3 yrs – 6 yrs)		Elementary (6 yrs – 9 yrs)
	5 Day	5 Day	3 Day	5 Day	3 Day	5 Day
Half Day (8:30a – 11:30a)		<input type="checkbox"/>		<input type="checkbox"/>		
Full Day (8:30a – 3:30p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Day (7:00a – 6:30p)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Please check this box if you would like to convert your application to a full time application if that is the only space that would be available in your child's school year.



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After School Care Registration Form

Date: _____

Name of 1st Child: _____ M F Age: _____ Birthdate: ____/____/____

Name of 2nd Child: _____ M F Age: _____ Birthdate: ____/____/____
(if applicable)

Name of Mother: _____

Address: _____

Home Phone Number: _____ Other Phone Number: _____

E-mail Address _____ Employed by: _____

Name of Father: _____

Address: _____

Home Phone Number: _____ Other Phone Number: _____

E-mail Address _____ Employed by: _____

After School Care (3:00 – 6:30)	<input type="checkbox"/> K-5 th Grade afternoon care and transportation from elementary school.
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AFTER SCHOOL CARE – Name of elementary school and the telephone number of the school that child attends



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Student Health Record

Date _____

Child's Name: _____ Birthdate: _____

Home address: _____

Parent/Guardian Name: _____ Phone: _____

IMMUNIZATIONS

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					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Varicella (see below)					
Influenza					
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

Parent's signature

Date

Signature of Healthcare Professional

Date

ADMISSION REQUIREMENT: 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 one that applies:

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 a group care facility. A validated, signed and dated copy of the child's immunization's records with my signature has been attached with this form.

I have examined _____ for a well exam on _____.

Signature of Health Care Professional

Date

2. PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the school program. Within 30 days of admission, I will obtain a health care professional's signed statement and will submit it to the Admissions office.

Name, Address, Phone # of health care professional: _____

Phone: _____

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.

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

Signature of Parent or Guardian

Date

Printed Name



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Emergency & Medical Release

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

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

Name:	Home #	Work/Cell #
Name:	Home #	Work/Cell #

Medical Release 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:		

(Note: This form must be notarized.)

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

Notary Signature:

Notary Stamp:





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Uniform Policy Acknowledgement

(Primary Only)

Castle Montessori has 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 skirts, pants, socks, and shoes may be purchased by the parent in accordance with this policy from any place.

GIRLS (Required Uniform)

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

BOYS (Required Uniform)

- Long / short sleeve knit shirt with ribbed collar and school name and logo. Colors: White or Red
- 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 from the school and the cost of the shirts will be due and payable at the time of purchase.

Signature of Parent or Guardian

Printed Name

Date



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Permissions Form

Name of Child: _____

Photographs:

Castle Montessori will be taking photographs of the children from time to time for publishing on the school website, school advertising and/or in the school scrapbook. These photographs will only be used for school purposes. Please specify below if you wish for the school to take photographs of your child or not and sign below.

- I do wish for my child to be photographed by the school.
- I **do not** wish my child to be photographed by the school.

School Directory:

Castle Montessori will have a published list of all students that attend the school with their telephone numbers available for parents. This list will be updated at most twice a year only. To obtain the list, please see the receptionist. Please specify below if you wish for the school to list your child's name and your telephone number(s) in this list.

Publish my child's name in the school directory: Yes No

Publish my telephone number in the school directory: Yes No

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 school

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

Date