

Application for Admission

General Information Child's Full Name Date of Birth Child's Home Address Date of Admission_____ Date of Withdrawal____ Child Lives With: (Circle One) Both Parents Mom Dad Guardian Custody Documents on File: (Circle One) Yes No N/A Please note: If applicable, custody documents must be submitted with application. Father or Guardian's Name:_____ Phone Number: E-mail: Mother or Guardian's Name:_____ Phone Number: E-mail: Emergency Contact Information (Not Optional). Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached. Name: Relationship:_____ Address: Phone Number: Release Authorization (Optional). I authorize Riverchase Montessori to release my child to the following persons. Children will only be released after verification of ID. Name:_____ Phone Number:____ Name: Phone Number:

1555 E. Sandy Lake Rd Coppell, TX 75019

Name: Phone Number:



Consent Information

Transportation

I give consent : employees:	for my child to be transported and supervised by the operation's		
	 □ For emergency care □ Field Trips □ To and From School (School Age) 		
Please note that required.	before field trips, parents will be notified, and further consent will be		
School Age Chi	ldren		
My child attend	s the following school:		
School Phone N	umber:		
□ My child'	□ My child's medical records are current and on file at their school.		
I authorize Rive locations:	rchase Montessori to pick up/drop off my child to the following		
Water Activit	les		
I give consent	for my child to participate in the following activities		
	 □ Water table play □ Splash Pad □ Sprinkler Play □ Is your child able to swim without assistance: ○ Yes ○ No (If no, what type of assistance is needed: 		

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Meals

I understand that the following meals will be served to my child in		
care.		
□ None		
□ Breakfast		
□ Morning snack		
□ Lunch		
□ Afternoon snack		
□ Evening snack		
Parents who choose to send snacks and meals from home:		
I choose to send meals and snacks from home. I understand that I am responsible for the nutritional value of my child. I understand that if I do not provide a snack for my child, he or she will be served one from the school.		
Parent or Guardian Name:		
Parent or Guardian Signature:		
Days and Times in Care		
□ 5 Full Days (6:30 am – 6:30 pm)		
□ 5 School Days (8:00 am – 3:00 pm)		
□ 5 Half Days (8:00 am − 12:00 pm		
□ 3 Full Days (6:30 am – 6:30 pm) Specify Days:		
□ 3 School Days (8:00 am – 3:00 pm) Specify Days:		
□ 3 Half Days (8:00 am − 12:00 pm Specify Days:		
□ After School (3:00 pm – 6:30 pm)		
Please note that the full day program is the only available option for children		
18 months and younger.		



Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:
Address:
Phone Number:
Name of Emergency Care Facility:
Address:
Phone Number:
I give consent to Riverchase Montessori to secure any and all necessary emergency medical care for my child.
Parent or Legal Guardian Signature:
Date:



Child Allergy Information

	your child have diagnosed food allergies? If yes, please submit an allergy n plan.
	Yes No
Pleas	e list diagnosed food allergies
Child	's Special Care Needs (check all that apply)
	Environmental Allergies Limitations or restrictions on child's activities Food intolerances Reasonable accommodations or modifications Existing illness Adaptive equipment (include instructions below) Previous serious illness Symptoms or indications of complications Injuries and hospitalizations (past 12 months) Medications prescribed for continuous long-term use Other in any needs selected above:



Health Statement

Health statements must be signed by your child's physician **within one week** of admission. This statement may be faxed to the school at the number listed at the bottom of the page. This is not a requirement for children in the After School Program.

Child's Full Name:

Date of Birth:
Health Care Professional Statement: I have examined the child within the past twelve months and find that he or she is able to take part in the school program.
Physician Signature:
Date:
Vision and Hearing
Children 4 years and older, a copy of the vision and hearing screening must be attached. This is not a requirement for children in the After School Program.
Immunizations
 □ I have attached my child's immunization records □ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief on th form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
Please note that immunizations must be updated as received. Immunization records

are not a requirement for children in the After School Program.



Behavior and Conduct Statement

	the right to terminate enrollment at any time if dren or staff members in danger. In this case, lternative care.
Parent or Guardian Signature:	Date:
Parent Acknowledgement of Ad	imission Documents
is not complete until all ne I will update my child's imi	ary documents and understand that enrollment ecessary documents have been submitted. munization records as soon as received. nd hearing results must be submitted once my
Parent or Guardian Signature :	Date:



Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Discipline and Guidance Policy

Discipline must be:

- Individualized and consistent for each child;
- Appropriate to the child's level of understanding; and
- Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self control, and self-direction, which include at least the following:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- Reminding a child of behavior expectations daily by using clear, positive statements;
- Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- Corporal punishment or threats of corporal punishment;
- Punishment associated with food, naps, or toilet training;
- Pinching, shaking or biting a child;
- Hitting a child with a hand or instrument;
- Putting anything in or on a child's mouth;
- Humiliating, ridiculing, rejecting, or yelling at a child;
- Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- eriods of time for

9)	the child's age.
This po	olicy is effective on the following date:
Signed	by:
	Parent
	Caregiver/Employee



Parent Agreement 2024-2025

I hereby request acceptance for my child _	into Riverchase Montessori for the
entire ácadémic schoól year.	

 Enrollment Fees: Registration, Security Deposit and Supply fees are due upon enrollment and must be paid by the first day of enrollment.

SECURITY DEPOSIT: The Security Deposit is fully refundable with 30 days' written notice.

- **YEARLY RE-REGISTRATION:** A yearly re-registration is due in August at the start of each academic year. Families enrolled between April July will not be charged a re-registration fee for the upcoming school year.
- **SUPPLY FEE:** A supply fee is added each semester in January and August for children 1 year and older.
- ABSENCES: Tuition must be paid in full each month regardless of absences of any duration. This is necessary due
 to operational costs incurred based on fixed levels of enrollment.
- **PRORATION OF TUITION:** Tuition is only prorated at the time of enrollment, re-enrollment or withdrawal.
- INCLEMENT WEATHER: Riverchase Montessori follows CISD, CFBISD, LISD, IISD for inclement weather.
- **SUMMER:** Summer tuition is calculated on a weekly basis in the months of June and July.
- **SUMMER PROGRAM ACTIVITY & ENTERTAINMENT FEE:** A summer entertainment fee is added in the months of June and July.
- **WITHDRAWAL:** The obligation for full payment of tuition continues until the day indicated by the parent in a written notice. A 30-day withdrawal notice must be provided, and the security deposit will be applied to the last month's tuition. Failure to provide such notice will result in forfeiture of the deposit.
- **TERMINATION OF ENROLLMENT:** Riverchase Montessori reserves the right to terminate enrollment at any time due to non-payment of tuition or when necessary for the well-being of the child and/or other children in the class.
- **SIBLING DISCOUNT:** A 10% sibling discount is applied to the tuition of the oldest enrolled child.

(Sibling discount is only applied to children enrolled in the full-day program.)

• **LATE PICK-UP:** A late fee in the amount of \$10.00 per minute is added after 6:30 PM.

TUITION IS DUE ON THE 1ST OF EACH MONTH. (Tuition is considered late after the 5th of each month) PERMISSIONS: I give permission to Riverchase Montessori to send information via email or through Procare. I give permission to Riverchase Montessori to photograph/video record my child during school hours and events I give permission to Riverchase Montessori to share my child's photograph/video on the school website or Facebook Page. I acknowledge and agree to the terms I have read in this agreement.

1555 E. Sandy Lake Coppell, Texas

Signature of Parent or Guardian:

Phone # (972)745-1500

Date:

Fax #: (972)745-1523



"Where children learn to make a difference"

Tuition Schedule

2024-2025 School Year

5 Full Day Program: 6:30 a.m. to 6:30 p.m.

Monthly Tuition

- Included in your tuition: Yoga, Spanish, Music, Chinese, P.E. (Varies by age)
- School prepared lunch and snacks are provided.
- Option to enroll in the Extra Curricular Activities at an extra cost: Ballet, Hip-hop & Tumble, Chinese, Music & Soccer.
- Summer Program is Optional TUITION IS NOT PRORATED DURING THE MONTHS OF AUGUST TO MAY.

5 Full Day = \$1,200

3 Full Days = \$1,110

School Day Program: 8:00 a.m. to 3:00 p.m.

Monthly Tuition

- Included in your tuition: Yoga, Spanish, Music, Chinese, P.E. (Varies by age)
- School prepared lunch and snacks are provided.
- Option to enroll in the Extra Curricular Activities at an extra cost: Ballet, Hip-hop & Tumble, Chinese, Music & Soccer.
- Summer Program is Optional TUITION IS NOT PRORATED DURING THE MONTHS OF AUGUST TO MAY.

5 School Days = \$1,090

3 School Days = \$990

Half Day Program: 8:00 a.m. to 12:00 p.m.

Monthly Tuition

- Included in your tuition: Yoga, Spanish, Music, Chinese, P.E. (Varies by age)
- School prepared lunch and snacks are provided.
- Option to enroll in the Extra Curricular Activities at an extra cost: Ballet, Hip-hop & Tumble, Chinese, Music & Soccer.
- Summer Program is Optional TUITION IS NOT PRORATED DURING THE MONTHS OF AUGUST TO MAY.

5 Half Days = \$955

3 Half Days = \$900

INFANT 1 PROGRAM = \$1,470 PER MONTH (6W-12M)

INFANT 2 PROGRAM = \$1,350 PER MONTH (12M-18M)

AFTER SCHOOL: \$525 PER MONTH (Elementary Age / 3-6:30pm)

SUMMER SCHOOL ENROLLMENT = \$ 100 (New Families)

1. Re	gistration Fee
2. St	pply Fee (August 1st. and January 1st.)NON-REFUNDABLE\$175 per semester per child
3. Ye	arly Re-Registration Fee(ALL AGES)\$100 per family per year
4. St	mmer Program Activity & Entertainment Fee(12M+)\$75 per month per child in June & July
5. Si	oling Discount
6. Se	curity Deposit(REFUNDABLE W/30 DAY WRITTEN NOTICE)\$ 300
7. La	e Payment Fee\$35
8. NS	F fee will be added to your invoice when a return check takes place\$ 35

I acknowledge and agree to the terms of this fee schedule.

Signature of Parent /Guardian

Date

Phone # (972)745-1500 Fax #: (972)745-1523



Parent Checklist

I have received and completed all agreements and release forms needed.

Please initial next to completed and returned form:

SIGNED APPLICATION FOR ADMISSION
IMMUNIZATION RECORD
HEALTH STATEMENT SIGNED BY PHYSICIAN
VISION & HEARING (4yrs & up)
SAFE SLEEP POLICY (6w-12m)
DISCIPLINE & GUIDANCE POLICY
PARENT HANDBOOK ACKNOWLEDGEMENT
SIGNED PARENT TUITION AGREEMENT
SIGNED PARENT AGREEMENT
ACKNOWLEDGEMENT OF TUITION EXPRESS AUTHORIZATION

AS SOON AS ALL THE PAPER WORK NEEDED FOR YOUR CHILD'S FILE IS SUBMITED AND COMPLETE, A SECURITY PIN FOR SIGNING IN AND OUT IS CIVEN TO EACH FAMILY.

Please Sign Below:	
Signature of Parent or Guardian	Date