

School Name <b>Blooming Scholars Montessori School</b>		Director's Name <b>Ayesha Ali</b>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:	
<b>1. <input type="checkbox"/> TRANSPORTATION:</b>			
<b>Walk home</b> <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
<b>2. <input type="checkbox"/> FIELD TRIPS:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
<b>Parent's Comments:</b>			
<b>3. <input type="checkbox"/> WATER ACTIVITIES:</b>		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play	
<b>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b>		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
<b>5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b>			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
<b>6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

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

My child has permission to:  walk to or from school or home,  
 ride a bus, and/or  be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): \_\_\_\_\_

**IMMUNIZATION RECORD:**

I have provided the childcare 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.

\_\_\_\_\_

Health Care Professional's Signature Date

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

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

HEALTH REQUIREMENTS											
Name of Child:								Date of Birth:			
Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											
<b>TB TEST</b> (if required) <input type="checkbox"/> Positive <input type="checkbox"/> Negative                 Date: _____											
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Signature</span> <span>Date</span> </div>											
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.											
_____ Parent's signature <span style="float: right;">Date</span>											
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.											
For additional information regarding immunizations contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/public.shtm">www.dshs.state.tx.us/immunize/public.shtm</a>											

**LEAVING:**  
 I hereby authorize Blooming Scholars Montessori School to allow my child to leave the facility ONLY with the following persons:

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

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

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

\_\_\_\_\_

Signature – Parent or Legal Guardian
Date

**PROBATIONARY PERIOD:** Please note that each child that enrolls in our program is accepted on a probationary period. This period of one month is for the benefit of the enrolled children as well as your child. If during this period, your child appears not to be able to benefit from our program or if your child exhibits behavior unacceptable or aggressive or defiant (either to his/her self, other students, or staff), we will give the child three warnings and if the student shows no change in attitude and in cooperation for the better then the child may or will be let go in a timely manner.

\_\_\_\_\_  
Signature of Parent or Guardian & Date

**School Calendar & Holidays & Vacations:** I acknowledge receipt of the school calendar and understand that regardless of absence or school calendar holidays, tuitions payments are due.

\_\_\_\_\_  
Signature of Parent or Guardian & Date

**Tornado Policy & Operational Policy:** I acknowledge receipt of the tornado policy and the operational policies including those for discipline and guidance.

\_\_\_\_\_  
Signature of Parent or Guardian & Date

**Sibling Discounts:** Oldest enrolled sibling will be given 5% tuition discount.

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

## What is Montessori Philosophy?

The Association Montessori Internationale, otherwise known as AMI, was founded in 1929 by Dr. Maria Montessori in order to lead interest in children development and to further develop her life's work. Currently the AMI headquarters is located in Amsterdam, The Netherlands and functions as the foundation of authentic Montessori training according to the original principals of Maria Montessori as well as continuing research and development.

Dr Maria Montessori felt that the goal of early childhood should be to cultivate the child's own natural desire to learn.

Blooming Scholars Montessori is dedicated to providing a warm and accepting environment which promotes the **physical, emotional, social and cognitive development** of each child.

We aim for long term growth and development, rather than short term results in order to help retain information learned. The Montessori approach tries to pique the child's interest, to motivate and to provide a learning ambiance. This is called by Dr. Maria Montessori as a "**prepared environment**" which promotes an **interactive learning experience** for the child, hence allowing for a more engaged time in the classroom both academically and socially with teachers and other children. We also try to establish a **sense of freedom** in our children by encouraging them to develop their own unique abilities. By leaving the curiosity to the child, they are left to work at their own work and at their own pace. By allowing the children to pursue their own interest, we enable each child to feel **a deep sense of self-confidence, both intellectually and socially.**

## Our Goals

Our prime duty is to treat every child as unique and different: different goals are set for each child. We take pride in our Montessori setting in which children are felt secure and loved. Our environment provides a method of learning through exploration and discovery on a level of success.

Learning should be a pleasant and rewarding experience and thus should not place any stress upon the child. In addition to Montessori materials, which we have chosen as the core of our program, we use any other material and method or combination of both that will result in success for the child. The most important behavior patterns for us are: **love, honesty, fairness and consistency.**

It is our desire to help bring about a peaceful world in which every person's contribution is cherished and in which all barriers to understanding and acceptance have been removed.

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Signature – Parent or Legal Guardian

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Date

## Prepared environment

Includes sequential learning activities in the following four major areas:

**Practical Life:** Practical life activities are those that the child has observed being accomplished through daily living. These include all the simple tasks we engage in to establish and maintain our living and working environment. Participation in this “real-life” set-up allows children to construct themselves as total individuals through an initial successful relationship with their surroundings. Care of self and care of environment are indirect aims of the activities in this area. As the child works in the Practical Life area, he develops order, coordination, concentration, and independence.

**Sensorial:** Sensorial materials assist the child in the mental organization of past experiences. Sensorial materials also lead the child to new discoveries and new sensations. This sensory education is undertaken not only to sharpen the senses but also to assist the child in the development of his intellect, which is dependent upon organizing and categorizing his sense perceptions into an inner mental order.

**Math:** The Montessori environment provides the necessary stimulation and exploration for preparing the child’s mathematical mind. The child explores and discovers mathematical concepts and relationships through manipulation of concrete materials. These materials are sequenced from simple to complex and from concrete to abstract. The child is aided in discovering relationships by dealing with the math materials **sensorially**.

**Language:** The Montessori approach is one of indirect preparation, and this preparation begins at birth. Indirect preparation refers to the preparation of the environment including opportunities for attainment of skills to be used later in life. The progression through spoken language, writing, and reading is a long process. The sequence of materials and activities made available to the child in the Montessori classroom is designed so that when the child is ready to read, his skills are at hand. By this time the child has absorbed and practiced the skills that allow the reading experience to come to him/her in totality.

The classroom environment offers additional activities and materials in the areas of geography, art, science, music, movement, and dramatic play.

## History

Ayesha Ali has served under various Montessori’s as a lead teacher since 1995 in Austin, Texas. She began teaching with the intention to assist an early start in her children’s schooling and to pursue her passion of educating & influencing the minds of young children. She has received her AMI Diploma in 1994 from The Association Montessori Internationale. She also has an Early Childhood certification from the local community college. From March 03, 2008 to November 01, 2013 under the direction of Ayesha Ali, In Home Montessori School was operational as her first Montessori. She is also the loving parent of two boys, whom both have started off in Montessori.

## Program

Blooming Scholars Montessori offers a child oriented approach grounded in the philosophy of Dr. Maria Montessori. Thus allowing every child to grasp the essential need to become successful and exceed in like. We offer children basic fundamentals to assist physical and mental development. Our technique encourages children to be creative and actively intelligent while engaging the child. We offer class for children from 18 months to 5 ½ years.

## Enrollment Policy

Enrollment acceptance is based on several factors. Priority is given to children currently enrolled at our school, to siblings of children currently enrolled, and to children with previous AMS or AMI Montessori school experience. We maintain a waiting list and it is beneficial to apply well in advance of the desired enrollment date. Parents are welcome to inquire about enrollment possibilities and to reaffirm their interest, but must recognize that we have no way of predicting openings. We also provide liability insurance for each child that is enrolled and registered in our school.

## Extended Day

Extended Day activities are from 3:00 pm to 6:00 pm. The children will be doing gymnastics, provided with music, movement, art class, computers classes, group reading, writing assignments, free play and outside games, etc... These activities are meant to help with concentration, self-discipline, independence, a basic sensorial preparation for sensorial learning, and curious exploration within the “prepared environment” of the Montessori classroom. This program is included within the full-day program.

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Signature – Parent or Legal Guardian

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Date