



18551 Old Richmond Road, Suite A, Sugar Land TX 77498  
 281 - 980 - KIDS (5437) . FAX: 281 - 295 - 2896

CHILD'S NAME		DATE OF BIRTH	HOME PHONE NUMBER	GENDER
ADDRESS			CITY, STATE ZIP CODE	
DATE OF ADMISSION		DATE OF WITHDRAWL		
FATHER'S NAME		SOCIAL SECURITY NUMBER	MOTHER'S NAME	
OCCUPATION		WORK PHONE NUMBER	SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS		CELL PHONE NUMBER	OCCUPATION	
		WORK PHONE NUMBER		
		E-MAIL ADDRESS		
		CELL PHONE NUMBER		
PRIMARY RESIDENCE WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> GUARDIAN				
EMERGENCY CONTACT NAME (OTHER THAN PARENTS)		RELATIONSHIP TO CHILD		
EMERGENCY CONTACT'S ADDRESS		EMERGENCY CONTACT'S PHONE NUMBER		
DOCTOR'S NAME		DOCTOR'S PHONE NUMBER		
DOCTOR'S ADDRESS		HOSPITAL PREFERENCE	HOSPITAL'S PHONE NUMBER	
CHECK ALL THAT APPLY:				
1. SCHOOL ACTIVITIES: I HEREBY: <input type="checkbox"/> GIVE <input type="checkbox"/> DO NOT GIVE    PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL SCHOOL ACTIVITIES.				
2. WATER ACTIVITIES: I HEREBY: <input type="checkbox"/> GIVE <input type="checkbox"/> DO NOT GIVE    PERMISSION 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				
3. FIELD TRIP: I HEREBY: <input type="checkbox"/> GIVE <input type="checkbox"/> DO NOT GIVE    PERMISSION FOR MY CHILD TO PARTICIPATE IN FIELD TRIPS. PARENT COMMENTS:				
4. RECEIPT OF WRITTEN OPERATIONAL POLICIES: I ACKNOWLEDGE RECEIPT OF OPERATIONAL POLICIES INCLUDING THOSE OF DISCIPLINE AND GUIDANCE:			SIGNATURE OF PARENT OR LEGAL GUARDIAN	
A REGISTRATION FEE OF \$125.00 IS REQUIRED BY ALL STUDENTS UPON ENROLLMENT. THIS FEE IS NON-REFUNDABLE.			SIGNATURE OF PARENT OR LEGAL GUARDIAN	
A MATERIAL FEE OF \$150.00 IS REQUIRED BY ALL STUDENTS UPON ENROLLMENT. THIS FEE IS NON-REFUNDABLE.			SIGNATURE OF PARENT OR LEGAL GUARDIAN	
TUITION IS DUE ON THE FIRST DAY OF EACH MONTH. UNPAID TUITION BY THE THIRD BUSINESS DAY OF THE MONTH WILL RESULT IN A \$25.00 LATE FEE.			SIGNATURE OF PARENT OR LEGAL GUARDIAN	
THERE ARE NO DEDUCTIONS OR REIMBURSEMENTS FOR HOLIDAYS, ABSENCES, VACATION OR WITHDRAWL DURING THE SCHOOL YEAR.			SIGNATURE OF PARENT OR LEGAL GUARDIAN	
THERE SHALL BE A \$35.00 FEE ON ALL RETURNED CHECKS.			SIGNATURE OF PARENT OR LEGAL GUARDIAN	
I HAVE READ THE RULES AND PROCEDURES OF KIDS R STARS MONTESSORI SCHOOL IN FULL, AND AGREE TO THEM AS WRITTEN. I HEREBY MAKE APPLICATION TO KIDS R STARS MONTESSORI FOR MY CHILD _____ TO BE ENROLLED.				
FATHER'S SIGNATURE		MOTHER'S SIGNATURE		
FATHER'S DRIVER'S LICENSE NUMBER		MOTHER'S DRIVER'S LICENSE NUMBER		

**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 and from school,  
 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>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

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

\_\_\_\_\_  
Date