



hawthorne  
montessori school

# Hawthorne Montessori School Enrollment Application Form

1414 Kramer Lane  
Austin, Texas 78758  
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hawthornemontessori.com

Application date:	Requested start date:
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Operation Name: Hawthorne Montessori School

Director's Name: Lisa Smith, Head of School

Child's Name: \_\_\_\_\_  Boy  Girl Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Hours and days child will be in care: \_\_\_\_\_

<i>For Office Use</i>	
Admission date:	Withdrawal date:

Mother's Name: _____	Cell: _____
Address (if different than child's): _____	Email: _____
Work Name & Address: _____	Work Phone: _____
Father's Name: _____	Cell: _____
Address (if different than child's): _____	Email: _____
Work Name & Address: _____	Work Phone: _____

Please contact the following people in case of an emergency and the parent/guardian cannot be reached:

Name: _____	Phone: _____	Address: _____
Name: _____	Phone: _____	Address: _____

In addition to parents/guardians, I hereby authorize the Hawthorne Montessori School to allow my child to leave the school ONLY with the following people. Please list names and phone numbers for each. *Children will ONLY be released to a parent or a person designated by the parent/guardian after verification of ID.*

Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____

### Authorization for Emergency Medical Attention

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

Physician	Address	Phone Number
_____	_____	_____
Emergency Medical Care Facility	Address	Phone Number
_____	_____	_____

My child's immunization records (incl. vision/hearing screening) are on file at the school and all required immunizations/testing are current.

I hereby give my consent for HMS to secure any and all necessary emergency medical care for my child.

Signature of Parent/Legal Guardian: \_\_\_\_\_

List any special needs 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/or any information of which the caregiver's should be aware. If none apply, please write "none". \_\_\_\_\_

### Permissions - please check all that apply.

- |   |  |
|---|--|
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give | consent for my child to be photographed for HMS promotional materials (no names released).                     |
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give | consent for my child to participate in water activities including sprinkler play.                              |
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give | consent for my child to receive over the counter medications, such as tylenol, diaper rash cream and oral gel. |
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give | consent for my child to receive bug spray and sun screen.  |

\_\_ I acknowledge receipt of the HMS Parent Handbook, outlining the school's operational policies including those for discipline and guidance.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**BALANCED NUTRITION IS ESSENTIAL FOR YOUR CHILD'S HEALTHY GROWTH.** Very young children need to eat every few hours. HMS will provide a nutritious morning and afternoon snack; **children will bring their own lunches.**

**Health Requirements**

Immunizations	Date of Dose 1	Date of Dose 2	Date of Dose 3	Date of Dose 4	Date of Booster
Hepatitis B					
DTP/DTaP/DT					
Hib					
Polio IPV or OPV					
Measles					
Mumps					
Rubella					
* Varicella					
Pneumococcal Conjugate					
Hepatitis A					
TB Test (if required)		___ Positive	___ Negative	Date:	

Signature or stamp of a physician or public health personnel verifying immunization information above. \_\_\_\_\_  
*Signature* *Date*

\* Varicella (chickenpox) vaccine is not required if your child has had the disease. Please complete the statement:  
 My child had varicella (chickenpox) on or about (date) \_\_\_\_\_ and does not need the vaccine.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian* *Date*

**One of the following must be presented when your child is admitted to school. Please check your option:**

\_\_\_\_\_ Doctor's statement: I have examined the above-named child within the past year and find that he/she is physically able to participate in a day care program.  
 \_\_\_\_\_  
*Physician's Signature* *Date*

\_\_\_\_\_ A signed and dated copy of a health care professional's statement is attached.

\_\_\_\_\_ My child has been examined in the past year by a health care professional and is able to participate in a day care program. In the next 12 months, I will obtain a health care professional's signed statement and submit it to the school.

\_\_\_\_\_ I am excluding my child from the immunizations and health 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 more information go to: [www.dshs.state.tx.us/immunize/school\\_info/htm](http://www.dshs.state.tx.us/immunize/school_info/htm))

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Vision and hearing testing is required for all children who turn 4, 5, 6, 8 & 10 years of age as of September 1st. Results of testing done by a certified professional must be kept in the child's permanent file at school.**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

***This page is for office use only and will be kept confidential.***

**Parent's Work Information:**

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Security Number \_\_\_\_\_

**THE FOLLOWING INFORMATION IS ALSO DETAILED IN YOUR PARENT HANDBOOK**

**Fees and Expenses:**

1. Registration fee of \$100.00 per family will put your child(ren) on the waitlist.
2. Tuition is due on the 25th of the month preceding (i.e. January 25th for February tuition). Tuition will be pro-rated if your child begins school after the 15th day of the month.
3. Supply fee is due three times per year: January 1, May 1 and September 1. The supply fee cannot be prorated.
4. Deposit of 1/2 month's tuition will reserve your child's place at HMS. With six weeks written notice, the deposit will be applied to final month tuition.
5. Re-enrollment occurs each spring and is your family's commitment for the fall semester. Re-enrollment may only be applied to September tu

**Financial Commitment:**

1. Tuition is considered late after the 1st; a late fee of \$20.00 is assessed on all unpaid balances after the 5th of the month.
3. Delinquent accounts are automatically sent to an outside collection agency.
4. Your account must be current for your child to attend school.
5. The fee for returned checks is \$30.00. Please submit cash or money order for the full value of the original check and the returned check fee to the Administrative Office within two working days. Uncollected checks are automatically sent to an outside collection agency.
6. As tuition is a standard recurring charge, statements are only issued by special request or when your account is past due.

**School Hours:**

1. Hawthorne Montessori School is open 7:00 a.m. to 6:00 p.m.
2. For safety reasons, only teachers are allowed in the building prior to 7:00 am.
3. Your child will never be left unattended, however, if you arrive after 6:00 p.m. a late fee will be assessed. The fee is \$10.00 for each ten minutes after 6pm and should be paid directly to the teacher who stayed with your child. If the teacher has not received your payment within two school days, HMS will pay the teacher the amount due and your account will be billed the appropriate amount.

Our goal is to support your child and your family by providing an exceptional learning environment, including beautiful classrooms and inspired teachers. Our fiscal duty is dependent upon a partnership with you, the parents of our school.

*Please notify us as soon as possible when information on this enrollment form changes (including new work information or changes in your home address).*

Your signature below acknowledges your acceptance of your financial responsibility towards Hawthorne Montessori School.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use:</b>		<b>Notes:</b>
<u>Amount paid:</u>	<u>Date paid:</u>	
Enrollment Fee	\$100.00	
Deposit		
1st Supply Fee	\$75.00	
1st month Tuition		
Requested start date: _____		Actual start date: _____
Date HMS confirmed start date: _____		Orientation date: _____