



Returning Student Enrollment Application

Student Information

Student Name

Street Address

City

State

Zip

Date of Birth

Student Age

Student Grade

Student Home Phone

Student Gender

Male Female

Student Ethnicity

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other: Other nationality or prefer not to say.

Student Citizenship

Primary Language Spoken at Home

Other Languages Spoken at Home

What does your child do when not in school? (Watch TV, read, play with other children, etc.)

How Did You Hear About Us?

Website Friend Referred by... Other

Please Explain

Household Information

Child is Living with

Natural Father Natural Mother Stepfather Stepmother Legal Guardian Other

Fathers Name (If Applicable)

Nationality

Occupation

Work Phone

Cell Phone

Address

Email Address

Mothers Name (If Applicable)

Nationality

Occupation

Work Phone

Cell Phone

Address

Email Address

Stepfathers Name (If Applicable)

Nationality

Occupation

Work Phone

Cell Phone

Address

Email Address

Stepmothers Name (If Applicable)

Nationality

Occupation

Work Phone

Cell Phone

Address

Email Address

Legal Guardian Name (If Applicable)

Nationality

Occupation

Work Phone

Cell Phone

Address

Email Address

Other Name (If Applicable)

Nationality

Occupation

Work Phone

Cell Phone

Address

Email Address

Child Is

Born to Parent(s) Adopted Foster Child

In the past three years have there been any significant changes within the family? (death of family members, separation/divorce/remarriage, major trauma or illness, job changes)

If yes, Please explain the event(s) and the child's reaction below

Other Children in Family (If Applicable)

Name

Age Grade Present School

Name

Age Grade Present School

Name

Age Grade Present School

Name

Age Grade Present School

What activities does the family do together? (Watch TV, camping, hobbies, sports, etc.)

Medical/developmental History

At birth, child was

Full-Term Premature

If premature, how many weeks/months?

List any complications which occurred during pregnancy (example diabetes, toxemia, etc.)

List any complications which your child had immediately during or after birth (ex. Emergency c-section, long labor, difficulty pushing, Difficulty breathing, blue color, etc.)

Check any problems in infancy or childhood with

| | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Colic | <input type="checkbox"/> Walking/Running | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Talking | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Slow development |
| <input type="checkbox"/> Crawling | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> None |

Compared to other children in the family, this child's development has been

Are there any specific developmental issues that you are concerned about?

Has your child's Dr. mentioned any specific developmental issues that he/she is watching?

Does your child have any medical conditions?

| | | |
|---|---|--|
| <input type="checkbox"/> Wears glasses | <input type="checkbox"/> Allergies/asthma | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> Hearing difficulties | <input type="checkbox"/> High fevers | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Urinary tract infections | <input type="checkbox"/> Urinary tract infections | <input type="checkbox"/> Juvenile arthritis |
| <input type="checkbox"/> Low blood sugar | <input type="checkbox"/> Head injury | <input type="checkbox"/> Seizures, convulsions, staring spells |
| <input type="checkbox"/> Juvenile arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychiatric/emotional disorders |
| <input type="checkbox"/> Ear tubes | <input type="checkbox"/> Low blood sugar | <input type="checkbox"/> None |
| | | <input type="checkbox"/> Other |

If other, please list

Behavioral Health History

Briefly describe your child's relationship with you, your spouse, and other members of the family

Is there any history in the immediate family of mental or emotional difficulties? (Examples: depression, bipolar disorder, ADD/ADHD, mental retardation, Asperger's Syndrome, etc.)

Yes No

If yes, please explain

Check all items applicable to your child

- | | | |
|--|---|---|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Dependent | <input type="checkbox"/> Lacks common sense |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Anxious | <input type="checkbox"/> Complains about school |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Dishonest | <input type="checkbox"/> Moody from day to day |
| <input type="checkbox"/> A loner | <input type="checkbox"/> Overly sensitive | <input type="checkbox"/> Shy/withdrawn |
| <input type="checkbox"/> Enjoys school | <input type="checkbox"/> Overly fearful | <input type="checkbox"/> Self-centered |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Makes friend easily | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Enjoys people | <input type="checkbox"/> Talks very little |
| <input type="checkbox"/> Little concept of time | <input type="checkbox"/> Defensive | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Over-reacts to problems | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Very verbal |
| <input type="checkbox"/> Generally negative | <input type="checkbox"/> Sensitive to need of others | <input type="checkbox"/> Relates well to peers |
| <input type="checkbox"/> Prefers to play alone | <input type="checkbox"/> Prefers playing with much younger children | <input type="checkbox"/> Prefers playing with much older children |
| <input type="checkbox"/> Other | | |

If other, please list

Have there been any recent changes in behavior?

Yes No

If yes, please describe

How do you discipline and/or motivate your child at home? (Extra chores, early bedtime, spanking, praise, etc.) What is your child's reaction?

Educational History

Where does your child attend school?

Homeschool Private School Local Public School None

Home School Curriculum (If Applicable)

Private School (If Applicable)

Local Public School (If Applicable)

Day care/preschool

List all schools attended from preschool to present: (If Applicable)

| School | Grades attended | Location |
|--------|-----------------|----------|
| School | Grades attended | Location |
| School | Grades attended | Location |
| School | Grades attended | Location |
| School | Grades attended | Location |
| School | Grades attended | Location |

Child writes with

Right hand Left hand Both hands Mirror writer

Check where applicable:

Repeated grade(s) Received tutoring in following subject(s) Enrolled in special class(es) Physical/Occupational therapy
Currently/Previously for Speech/Language therapy Currently/Previously for

Repeated grade(s)

Subject tutored

Enrolled in special class(es)

Physical/Occupational therapy Currently/Previously for

Do you feel your child is experiencing problems learning or in school?

Yes No

If yes, what kind of problems? When did it start? Describe anything you have done or tried to make it easier for your child

Child's best subject

Child's worst subject

Is there a history of learning difficulties in your family? (Example: slow learning, easily distracted, poor reading, etc.)

Yes No

If yes, please explain

Has your child ever been tested before?

Yes No

If yes, please give date and location of testing

Has your child been diagnosed as

ADD ADHD Hyperactive Learning Disabled None Other

List the area(s) in which you feel your child needs help

Other comments regarding your child's education or therapy

Medical Consent

Recent Physical Exam (If Applicable)

Date/Results

Recent Eye Exam (If Applicable)

Date/Results

Recent Hearing Exam (If Applicable)

Date/Results

Recent Speech Exam (If Applicable)

Date/Results

Doctor Name

Doctor Phone

Doctor Address

Permission To Treat:

In the case of an accident, injury or illness, I authorize Rooted Life Montessori (administrators, faculty, staff or designated volunteers) to seek and obtain any medical help deemed necessary for my child.

I will not hold Rooted Life Montessori liable in the case of illness or accidental injury.

I will not hold Rooted Life Montessori responsible for any medical fees incurred.

In the event that I cannot be reached to make arrangements for emergency medical attention for my child at the time of an accident, injury or illness, I hereby authorize Rooted Life Montessori to call 911 and have my child transported to the nearest hospital emergency room and obtain any medical help deemed necessary for my child. *Please select "yes" to agree

Yes

Does the student have any medical conditions?

Yes No

Does the student have any allergies?

Yes No

If yes, please list here allergies to any medications, foods, or environmental allergies (ants, bees, chemicals, etc.)

Is the student prescribed any medications?

Yes No

If yes, do any of these medications have an effect on your child's behavior or ability to think or attend to tasks?

Yes No

If yes, do any of these medications have difficult side-effects?

Yes No

Name and explain any health/behavioral condition(s), past or present, which need to be brought to the therapy center's attention to safeguard this student at therapy center (e.g. diabetes, seizures, asthma, emotional disorders, educational challenges, etc.) or which would restrict physical or academic activities

Parent/Guardian Signature

Date

Oil Usage Consent

At Rooted Life Montessori we use essential oil defusers in our classrooms. In some cases we may also use essential oils as topical treatments for minor ailments such as sun burn, bug bites, bee stings (unless there is a known allergy), cuts, bruises, scrapes, seasonal allergies, and upset stomachs. If you wish for your child to not receive topical treatments with essential oils or only with specific oils please let our staff know below.

Do you consent for your child to be treated with essential oils for minor ailments?

Yes No

If yes, are there any oils that you do not wish used?

Yes No

If yes, please list

Parent/Guardian Signature

Date

Media Consent

Permission to Publish Images and Photo Release Policy

Rooted Life Montessori respects the privacy of our students and families first and foremost. For the purposes of promoting Rooted Life to the community, and potential enrolling families, the therapy center publishes images of our students captured while they are at work in their classrooms, on field trips, in musical productions, and during other therapy center events that provide an accurate and positive portrayal of student, parent, staff and faculty life at Rooted Life Montessori. For that reason, it is the goal of the therapy center to gain universal permission to include images and video of (all) students in promotional materials, including but not limited to: printed collateral, website content, Facebook posts, Weekly E-newsletter, videos, print media, signage, banners, display boards and more.

Our pledge for protecting your child/our students is supported by a set of precautionary rules and policies that are designed to facilitate promotion of the therapy center without compromising the safety and welfare of our students and families:

Rules for Photographic Image Security

The name of a student will never be disclosed on any advertisements, publicly distributed print materials or publicly accessible content including, but not limited to, social media, videos, therapy center website, and more without specific permission.

Therapy center generated videos where the voice/s and images of students accompany video images will not accompany a student name.

Parents must send special request in writing if they wish for their child(s) image not be used in Rooted Life Montessori promotional materials (see list above) to the Administrator. When permission to publish images is denied, the result is that Rooted Life will exclude that child from class photographs, and small and large group photographs that would otherwise be perfectly suited for inclusion in the chosen media distribution format.

I hereby grant to Rooted Life Montessori, their successors, and their assignees the right to record the image and/or voice and use the artwork and/ or written work of my child, on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion. I understand that my child's full name, address and biographical information will not be made public.

I further grant Rooted Life Montessori their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use.

I hereby release Rooted Life Montessori, their successors, and their assignees and any using my child's image and/or voice, artwork, and/or written work pursuant to this media release form any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof. I understand that the provisions of this release are legally binding.

Parent/Guardian Signature

Date

Emergency Contacts and Authorized Pickup

| | |
|------------|--------------|
| Name | Relationship |
| Cell Phone | Work Phone |
| Email | Address |

| | |
|------------|--------------|
| Name | Relationship |
| Cell Phone | Work Phone |
| Email | Address |

| | |
|------------|--------------|
| Name | Relationship |
| Cell Phone | Work Phone |
| Email | Address |

| | |
|------------|--------------|
| Name | Relationship |
| Cell Phone | Work Phone |
| Email | Address |

Will your child be delivered/picked up by a Child Care Center?

Yes No

If yes, please list

Is there anyone that your child may NOT be released to?

Yes No

If yes, please list

Preference Assessment

The preference assessment is for us to learn about what your child likes, or what motivates them to complete activities and tasks. Please check the boxes below that match your child's preferences and fill out the below fields.

Auditory

- | | | |
|---|--|--|
| <input type="checkbox"/> Noisy cars/vehicles | <input type="checkbox"/> Enthusiastic praise | <input type="checkbox"/> High volume praise |
| <input type="checkbox"/> Animal sounds | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Listening to a story |
| <input type="checkbox"/> Playing musical instrument | <input type="checkbox"/> Singing | <input type="checkbox"/> Playing with microphone |

Visual

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Balloons | <input type="checkbox"/> Lighted toys | <input type="checkbox"/> Marbles |
| <input type="checkbox"/> Bubbles | <input type="checkbox"/> Shiny toys | <input type="checkbox"/> Slinky |
| <input type="checkbox"/> Stop watch | <input type="checkbox"/> Trains | <input type="checkbox"/> Happy face |
| <input type="checkbox"/> Stickers | <input type="checkbox"/> Wind up toys | <input type="checkbox"/> Smiles/gesture |
| <input type="checkbox"/> Blowing pinwheels | | |

Tactile

- | | | |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Koosh balls | <input type="checkbox"/> Textured balls | <input type="checkbox"/> Squeezes |
| <input type="checkbox"/> Light touch | <input type="checkbox"/> Hugs | <input type="checkbox"/> Lotion |
| <input type="checkbox"/> Sand play | <input type="checkbox"/> Water play | <input type="checkbox"/> Play dough |

Books

- | | | |
|---|---|---|
| <input type="checkbox"/> Flip books | <input type="checkbox"/> Board books | <input type="checkbox"/> Light up books |
| <input type="checkbox"/> Flashlight books | <input type="checkbox"/> With sound | <input type="checkbox"/> Puzzle books |
| <input type="checkbox"/> Sensory books | <input type="checkbox"/> Coloring books | <input type="checkbox"/> Sticker books |

Things to do

- | | | |
|---|---|--|
| <input type="checkbox"/> Dressing up | <input type="checkbox"/> Special badge | <input type="checkbox"/> Special certificate |
| <input type="checkbox"/> Line header | <input type="checkbox"/> Give lesson to younger student | <input type="checkbox"/> Lunch room helper |
| <input type="checkbox"/> Eat with teacher/principal | <input type="checkbox"/> High five | <input type="checkbox"/> Good note home |
| <input type="checkbox"/> Out of uniform pass | <input type="checkbox"/> Prize box | <input type="checkbox"/> Displaying work |
| <input type="checkbox"/> Errand to office | | |

Other

Favorite

| | | | |
|--------------------|----------------------------|-----------------------|---------------|
| Fruit | Cookie | Soft drink | Movie |
| Gum flavor | Take out restaurant | Cupcake flavor | Store |
| Lunch | Dessert | Savory snack | Flower |
| Sonic drink | Candy | Salty snack | Book |

How does your child like to unwind and relax?

Anything else you would like to share about your child's preferences?

Discipline Release

Much work goes into preparing an environment to *prevent misbehavior*. We require that children respect themselves, others and their environment. Children are given attention for appropriate and kind behavior. We use your child's preferences to further motivate them toward appropriate behavior. *Discipline means instruction*. The teachers are trained to observe closely if children are not following classroom rules or responding to pivotal praise. If a child's behavior is not normalizing with the implementation of Montessori philosophy and/or the child's behavior becomes a threat to the safety of other children or staff, the parent will be required to provide additional services such as counseling, ABA (Applied Behavior Analysis), or other behavior therapy at the parent's expense. If the parent does not wish to provide additional services, the child will be removed from the program without refund of the deposit or payments. While **we work hard** to ensure that every child is successful in our environment, we realize our classrooms and educational philosophy is not the right fit for every child or parent.

I understand that Discipline (training and instruction) must be:

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

The staff at Rooted Life Montessori may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) 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:

- (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) 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; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.
- My signature verifies I have read and received a copy of this discipline and guidance policy.

Parent/Guardian Signature

Date

Electronics Release

Rooted Life Montessori does NOT allow any forms of electronics on the campus for the children enrolled: iPad, tablets, phones, cameras, gaming devices, or basically anything that accepts batteries or an electrical power supply.

1st offense: the device will be taken from the child and returned at the end of the day.(Parent will receive notification of the event, but the teacher will allow the child to remedy the situation)

2nd offense: the device will be taken from the child and must be retrieved by the parent.

3rd offense: the child will be excused from class immediately to be picked up by the parent. The child will not be able to return for 7 days (a tuition refund will not be allowed).

If the parent is unable to retrieve the child, the child will be released to an authorized adult on the child's Authorization For Release Form.

Parent/Guardian Signature

Date

Testing Consent

I give permission for my child to participate in Pre -Admission testing offered by Rooted Life Montessori Staff. I understand that I am giving permission for the staff to determine the specific tests which would reveal my child's areas of strength or weakness to determine an individualized education or therapy plan. The fee charged for this testing will include a follow-up meeting to go over the results. I also understand that I will receive a written report indicating how my child performed on this test. I may choose at that time whether to allow my child to participate in any of the therapeutic programs that may be recommended.

Child's Date Of Birth

Parent/Guardian Signature

Date

Equal Expectations

Rooted Life Montessori Therapy Center Mission Statement to you:

Rooted Life Montessori will provide authentic Montessori education to diverse academic learners,

- nurture the whole child,
- support the innate desire to learn with guidance and inspiration
- foster self-confidence, motivation and critical thinking
- teach responsibility and social skills, focusing on grace and courtesy
- instill leadership and respect for self/others in a well-prepared environment
- accommodate the learning different child within their ability

We will provide:

- individualized academic instruction for your child based on Montessori philosophy and curriculum
- individualized behavior redirection based on Montessori philosophy utilizing pivotal praise, external and internal motivators
- 2 in person parent-teacher conferences yearly (fall and spring)
- a mid-term update via Montessori Compass (winter)
- additional referrals or recommendations if we observe academic or behavior remediation is advised
- a low student-teacher ratio

We expect:

- Participation in parent-education seminars, emails, online forums and other methods of educating you about Montessori
- Time spent learning about Montessori Compass and the materials your child is using.
- Timely payments

I have read this Statement of equal expectations and agree with the beliefs and principles therein. I support Rooted Life Montessori in its purpose and mission as a Montessori therapy center and will seek to be a role model for my family and encourage my children to do likewise as long as we are enrolled at Rooted Life Montessori.

Yes

Parent/Guardian Signature

Date
