



MONTESSORI
Stone Ridge

2018/2019 Application for Admission

Child's Full Name Sex Birth Date

Address Home Phone

Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed

Previous Day Care Programs / Schools Attended

PARENTS/GUARDIANS

Parent/Father Name of Employer Business Phone Cell Phone

Parent/Father's Home Address (if Different from Above) Father's Email Address

Parent/Mother Name of Employer Business Phone Cell Phone

Parent/Mother's Home Address (if Different from Above) Mother's Email Address

Person(s) or Agency Having Legal Custody (If **other** than Parent)

EMERGENCY INFORMATION

Allergies / Intolerances to Food / Medication

Please note action to take in case of emergency.

Name of Child's Physician

Phone

Emergency Contacts (Other than child's parents, please provide two **local** emergency contacts):

1. _____
Name

Address

Phone Number

2. _____
Name

Address

Phone Number

Additional Person(s) Authorized to Pick Up Child

Person(s) **NOT Authorized to Pick Up Child (please provide appropriate documents)

CARE INFORMATION

Child's Likes & Dislikes

Date Range You Would Like Child to Begin Attending

Example: June 2020 – January 2021

AGREEMENTS

Please read and initial the following agreements.

1. ___SRM agrees to notify the Parent/Guardian if child becomes ill while at center. Parent/Guardian agrees to pick up, or arrange for pick up, within one hour, if requested by SRM staff.
2. ___Parent/Guardian authorizes SRM to obtain immediate medical care if an emergency occurs and Parent/Guardian cannot be located immediately. This authorization is not required by State Regulation if the parent raises and/or states any objection to provision of such care on religious or other such grounds.
3. ___SRM herein states that tuition is charged at a fixed monthly rate. No reductions will be permitted, for any reason, including but not limited to: number of school days in a given month, number of days a child attends, vacation/holiday, etc.
4. ___Parent/Guardian has read, understood and agrees to be bound by and adhere to **ALL** terms and conditions set for the in the 'Policies and Procedures Consent" form.
5. ___SRM reserves the right to deny, sever, cancel or suspend a child's enrollment at any time, if deemed in the best interest of SRM.
6. ___SRM herein reserves the right to update, change, or alter this document in any way it deems in its best interest. Such updates will take place, without automatic notification to parents.

SIGNATURES

Parent / Guardian Date

Center Administrator Date

CENTER USE ONLY

Place of Birth Date of Birth Birth Certificate Number

Date Admitted Date Withdrawn

Date Application Fee Paid Date Sec Deposit Paid Date Mat Fee Paid

Initial Monthly Tuition Tuition Due Date



M O N T E S S O R I
Stone Ridge

Emergency Medical Authorization Form

Child's Name Date of Birth

Parent / Guardian Name

Home Address Home Phone

Parent/Father's Place of Employment Work Phone / Cell Phone

Parent/Mother's Place of Employment Work Phone / Cell Phone

Parent/Guardian authorize Stone Ridge Montessori (SRM) to obtain immediate care and consents to the hospitalization and/or the performance of necessary diagnostic tests or the use of surgery on, and/or the administration of drugs to his/her child if an emergency occurs when he/she cannot be located immediately.

It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/we will be responsible for medical care expenses

2. Medical treatment costs are covered by:

A. Insurance Policy Name _____

Member ID _____ Group # _____

B. Secondary Insurance (if any): _____

Member ID _____ Group # _____

C. No Insurance Coverage _____

Child's Physician or Clinic: _____ Telephone: _____

Address: _____

Signature of Parent/Guardian Date



MONTESSORI

Stone Ridge

2018/2019 Policies and Procedures / Consent Form

Please read and review this document. Sign and return last page to Center office.

Admission Process

The first step in the admission process is for interested Parents/Guardians to schedule a tour of the facility. Upon completion of the tour, Parents/Guardians who would like to be a part of the SRM community may submit an *Application for Admission* along with applicable fees. SRM will review the application and, if favorable, offer the opportunity for the prospective student to return for an informal evaluation/interview, or “meet and greet” session. During this interview (usually lasting 20-30 minutes), the prospective student will spend time in an age appropriate classroom, interacting with faculty and students. This opportunity allows SRM to briefly evaluate the prospective student, and also allows the student to interact with their prospective new teachers and classmates. SRM will notify Parents/Guardians within five (5) days of admittance status. SRM reserves the right to deny, without explanation, appeals process, or justification, admission to any applicant. Please note that SRM admits students of any race, religion, creed, color and national or ethnic origin. SRM solely determines the grade placement of students at the school, and said placement may be subject to change at SRM’s sole discretion.

Application

There is a non-refundable Application Fee due (per child) at the time of application. This fee, along with the security deposit payment, must accompany an *Application for Admission* in order for it to be considered complete. Payment of this fee in no way or manner guarantees admission to SRM.

Registration / Enrollment

If a student who has applied to SRM is granted admission, the following two (2) additional payments are necessary to secure enrollment: non-refundable reservation deposit and applicable School Year Materials Fee/Summer Activity Fee. If SRM grants an offer of admission, an applying family will have one week from the date of the offer, to accept. Valid acceptance of an offer of admission, will require the full and timely submission of requisite payments, required paperwork, as well as any other requested agreements or documentation. Failure to comply with this timeline, may result in revocation or cancellation of the offer of admission. Once all requisite fees are paid, in a full and timely manner, the student will achieve *enrolled* status. As part of this status, SRM will, at the appropriate time, provide two electronic keys as rental property issued to the student’s family. Electronic door keys remain the property of SRM, and must be returned immediately- upon a child no longer attending or being enrolled at SRM.

Tuition

Tuition is due on the 15th day of each month. Each payment, will be credited against charges, for the upcoming month of service. As such, payments are effectively due two weeks prior to the month of care.

Example: A parent has their child enrolled and actively attending SRM in the month of October. Parent wishes to continue their child's enrollment for the month of November. Tuition will be due October 15, for SRM childcare services to be provided in November.

Tuition for each month is fixed, regardless of the number of school days in the month, or the number of days a student attends. Payments received five days after the due date, will be subject to a 10% late fee. Payments received 7 days after the due date, will be subject to a 16% late fee. Percentages stated herein, are based on the class specific present monthly tuition charge.

Example: A parent has their child enrolled and actively attending SRM in the month of October. Parent wishes to continue their child's enrollment for the month of November. Tuition of \$1,500 will be due October 15, for SRM childcare services to be provided in November. Parent pays tuition on October 23. The late fee, triggered by the tardy payment, would be \$240. Total tuition and fees due, under this scenario, would be \$1,740.00

SRM stated policy is to not prorate tuition or fees for any reason.

SRM reserves the right to periodically adjust tuition rates, at its sole discretion and without appeal. Typically, such adjustments take place two times, per calendar year. Parents will be provided no less than a 30 day notice, apprising them of any increase in the monthly tuition charge assessed their child's account.

Materials Fee

A non-refundable annual Materials Fee (for each student) is charged each School Year, or fraction thereof. The due date for this fee is **August 15**. SRM does not prorate or refund fees for any reason. This non-refund policy shall apply to all student accounts, regardless of whether a student is/has ever attended SRM for any period of time. This policy on no refunds, shall be understood, to fully apply to all scenarios; including those instances where a Materials Fee is paid as part of the initial enrollment process, and a student has yet to even attend SRM. The School Year is defined as September thru June.

Summer Activity Fee

A non-refundable annual Summer Activity Fee (for each student) is due each summer session, or fraction thereof. The due date for this fee is **May 15**. SRM does not prorate or refund fees for any reason. This non-refund policy shall apply to all student accounts, regardless of whether a student is/has ever attended SRM for any period of time. This policy on no refunds, shall be understood, to fully apply to all scenarios; including those instances where a Summer Activity Fee is paid as part of the initial enrollment process, and a student has yet to even attend SRM. The summer session is defined as July and August.

Security Deposit

A Security Deposit is due along with an *Application for Admission*. A parent may not use this deposit in lieu of tuition payments. Upon termination of enrollment, the security deposit (minus any outstanding balance or charges) will be returned to parents within twenty (20) working days. Refunds will be mailed to the address on record, for the former student.

Withdrawals

If a Parent/Guardian wishes to withdraw their child from SRM, parents must provide the school with one full calendar month's written notice. SRM does not prorate fees or charges for any reason. SRM tuition charges are calculated in only full calendar month increments. As such, notice of withdrawal must be no less than one full calendar month.

****Notice Defined:** Notice is herein defined to be a certified U.S.P.S. mailing, sent to the school address. Such notification, must be signed and dated by student's parent/guardian. In addition, such notification must provide a clear indication of the student's last day of enrollment. Any other correspondence or communication, is herein stated to fail in satisfying the notice requirement above.

*Example: A parent wishes to withdraw their child, and would like the last day to be November 30. The parent must provide written notice to SRM **before** November 1.*

If a child is withdrawn without one month's written notice, tuition will be due for the calendar month following the withdrawal.

Deposits for Securing Space

Any deposit funds paid to reserve space in a future term are non-refundable. No credit, transfer or return of these funds will be permitted. The purpose of these deposits is to allow parents an opportunity to reserve a spot in a future program, term, or session.

Legal Fees/Collection Costs

If SRM deems funds are owed it, and such balance remains unpaid for more than a thirty (30) day period, SRM may pursue legal remedies to collect payment. SRM may also elect to engage the services of a collection agency and/or legal counsel to secure repayment. If any of the above-mentioned means are deemed appropriate by SRM Administration, Parent/Guardian and/or the undersigned herein accepts full and unequivocal responsibility for payment of any costs associated therewith. Liability will extend to all costs incurred by SRM, in addition to fees and tuition owed.

Operating Calendar

SRM operates on a publicly advertised yearly schedule. Parents/Guardians who seek admission are herein presumed to have read, reviewed and accepted SRM's hours of operation, holiday schedules, inclement weather policy, and vacation periods. Tuition for each month is fixed, regardless of the number of school days in the month, or the number of days a student attends SRM.

Absences

Please inform SRM Administration if your child will be absent from school. Such notice may be provided via phone or email. SRM policy does not allow for any deductions, credits or refunds in tuition or fees relating to absences for **any** reason.

Expulsion

SRM reserves the right to deny, sever, cancel or suspend a child's enrollment at any time, if deemed in the best interest of SRM. In the case of such action, it is herein stated that there is no process or allowance for appeal or any mechanism to have such decision be reviewed. In the event SRM deems an expulsion is necessary, SRM will, within five (5) business days, return the remainder of any tuition paid for the month of expulsion.

Security Deposit funds will be returned as per standard SRM policy.

Door Key

Please note that use of an electronic key FOB, is required for entrance to SRM. It is SRM policy that all families must have at least one key. Replacement or extra keys may be purchased from SRM.

If a parent has neglected to bring their key on a given day, or is dropping off/picking up during hours when the key does not function, please ring the bell and wait until an authorized staff member opens the door. Wait times may be significant, as staff are generally engaged in the classroom.

Arrivals/Departures

When children are brought to school, please accompany them to their classroom. Parents must escort children to their classroom and sign children in on the classroom roster sheet. On a routine basis, please have your student at school, by 8:45 a.m.

Upon picking up children from SRM, parents **must sign their child out on the classroom roster**. When Parent/Guardian arrives in the classroom for pickup, SRM herein states that it will no longer accept responsibility for the child.

Parents are advised that they are **NOT** permitted to communicate, touch, or otherwise handle **any** child at SRM-other than their own. Parents are responsible for ensuring that their child behaves in a safe and appropriate manner, as they leave the facility.

Breakfast

SRM does not serve breakfast. Children who arrive at school before 8:15 a.m. may bring breakfast, to be eaten at school. No breakfast is permitted to be brought to SRM facilities after 8:30 a.m.

Late Arrival

If a student will be arriving after 9:00 a.m., please make sure to drop them off quickly and unobtrusively. SRM classes are in session at this time, and a late drop-off is an interruption. Speaking to the student's Lead Teacher is not appropriate at this time, as they will be occupied with classroom activities. Parents may call and leave a message for their child's teacher, and SRM Administration will communicate it to the teacher at a more appropriate time.

Authorization to Pick-Up

If a parent wishes SRM to release their child to an *Emergency Contact Person* or *Emergency Authorized Pick-Up Person*, the parent should notify the school. Such persons, will need to have been specified on a student's application for admission. The authorized person should then present a valid picture identification, upon arriving at the center. If possible, parents should call or email the school as an additional reminder, in advance of any non-typical pick-up person or persons, arriving to take custody of a student.

Late Pick Up

If a child is not picked up by 6:30 p.m., a late charge of \$50 per child shall be due to SRM for every 30 minutes or fraction thereof. In cases where children are not picked up within one hour of closing, the local police department and/or Child Protective Services (CPS) may be contacted to take custody of the child.

On days the center closes early, for any reason, if a parent or Emergency Contact Person cannot be reached within 30 minutes of SRM closing, SRM will follow the above referenced procedure to secure care for students left in its custody.

Center Closings

Center closings are generally communicated to parents in the following ways; posting to SRM's website, listserv emails, text messages, and social media posting. While SRM will attempt to make communication by multiple methods, this cannot always be guaranteed. Accordingly, should there be cause for school to be closed, please consult each of these resources for the most updated information.

Additional or Supplemental Care

On days when a parent wishes SRM to provide care for a student, outside of the student's normal attendance hours, a request may be made of SRM. If the request is granted, a *Daily Care Agreement* should be completed by parent. The fee for this type of care, is generally billed at \$75 - \$125 per day.

If a student is enrolled in SRM's After Care Program, and LCPS is closed for any reason (ex. holiday, inclement weather, spring break, etc.), the standard SRM After Care tuition, would not allow for students to attend SRM on these days. The reasoning for this, being that SRM's program is designed only to provide care AFTER a student attends a full day LCPS program. If LCPS is closed and SRM is open, the student may request to attend SRM, however, as this is outside the student's normal attendance hours the additional or supplemental care fee would apply. The fee for this type of care, is generally billed at \$50 per day, and is due on the same day care is provided.

IN THE CLASSROOM:

Nut-Free Environment

SRM strives to be a nut-free environment. While we make no guarantees or warranties to this standard, it is our goal. It is of paramount importance that all foods brought to school take in to account allergic and dietary restrictions of all students enrolled. Common allergens such as nuts are to be avoided without exception. We ask parents to be mindful of other students and families, and support our endeavor to provide a nut-free environment.

Clothing

For the most part, children should be able to get in and out of their clothing without assistance. Coveralls, belts, back buttons, and snaps can discourage a child's independence, whereas elastic waistbands in pants and skirts, pullover tops and front buttons often allow children to dress themselves more easily. Children should not wear flip-flops or high heeled shoes to school. All clothing should be labeled for identification, and Parent/Guardian should provide a spare set of clothing to be kept at school. This clothing should be replaced as needed and as the weather changes. SRM herein states that it accepts no responsibility for theft, loss or damage to such items. Accidents can happen at any age and as such, there should **always** be a spare set of clothes for children left at school.

Toys

Students are permitted to bring articles of general interest such as collections, pictures and books. Please do not allow your child to bring toys or electronics of any kind to school. Additionally, please do not let your child bring jewelry or money to school. Please label any items brought to school with child's first & last name. Any items a student brings to class are brought at the risk of possible loss or misplacement. SRM herein states that it accepts no responsibility for theft, loss or damage to such items.

Playground

Outside playground time is one of the most popular activities of the day. Children enjoy taking a break from the indoors and experiencing the refreshing outside air. Dramatic temperature changes are a reality of the Northern Virginia area. SRM will generally **not** take children outdoors if the temperature in the Center's locality is below 35 degrees Fahrenheit or above 100 degrees Fahrenheit. If a parent would rather their child stay indoors on a given day, they should state the same in a **written and signed note** and place this notice on record with the school office.

Birthdays

Student birthdays are a special classroom occasion, and parents may provide a special treat for his/her classmates. Birthday parties will be held during the afternoon snack period, approximately 3:15 p.m. Due to privacy concerns, pictures or the use of other video or photographic devices is discouraged during these events. This is to apply, even if the focus of the pictures is a parent's own child. Please submit a birthday event, at least five (5) days in advance of any plans for an in-class celebration. SRM reserves the right to deny an in-class birthday event.

It is of paramount importance that foods served at these events take in to account allergic and dietary restrictions of all students in the class. Parents should work with School staff to ensure these guidelines are followed. In-class celebrations sponsored by Parents/Guardians must provide an ample supply of all special snacks, party favors, etc., ensuring that all students may participate.

Conferences

Parents may choose to schedule a conference to discuss their child's progress in the classroom. Scheduling of conferences should be coordinated through SRM Administration. These conferences will be attended by Parent/Guardian, Teachers, and a member of SRM Administration. Additionally, if SRM staff deems it necessary, SRM Administration has the right to schedule a mandatory conference with Parents/Guardians.

Discipline

SRM is committed to discipline of children that always dignifies and respects their own inner guidance and self-directed purpose for harmony, order, cooperation and love towards their environment. Adults shall therefore only interact with children to support the principles of self-discipline in children. Consistent with this policy, adults assure the children's compliance and cooperation with necessary procedures and proper behavior through positive respectful clear directions, reasoning, distraction, reflective language and questioning.

SRM considers any intentional inflicting of physical pain, or threat of such pain, on children, by such means as pulling hair, grabbing, pulling, hitting, spanking, slapping, pinching, etc., as strictly inconsistent and contrary to our discipline policy. These actions are therefore prohibited on school grounds by any adult at any time.

This policy applies to all adults while on school premises, including regular staff, part-time personnel, volunteers and parents and their agents. All such adults are required and agree to follow this discipline policy at all times in their interaction with children on school premises. This includes the actions of Parents/Guardians or their agents in the treatment of their own children while on school premises. Any adult who violates this policy agrees to accept correction, direction or other suitable guidance to cooperate in a remedy of the situation, consistent with the discipline policy stated here.

Biting

Biting, at any age is not acceptable conduct for an SRM student. Incidents involving biting are dealt with in a deliberate, swift, and direct manner. The first step in dealing with such an incident is to immediately separate the children involved. Secondly, first aid is rendered as appropriate. These two initial steps are followed by SRM staff, generally the classroom Lead Teacher and/or Center Director, talking to the children and other SRM Staff, to determine the facts and context of the incident. The child or children guilty of biting are firmly and directly told, that biting hurts, and that their behavior is unacceptable.

Parents of all children involved in a biting incident are informed of the occurrence and reminded of the aforementioned policy SRM follows in such incidents as deemed necessary.

Health

For the protection of all children, a student **CANNOT** attend an SRM Center if they exhibit any of the following symptoms:

- a temperature of over 99 degrees Fahrenheit by mouth
- an intestinal disturbance with diarrhea or vomiting
- any undiagnosed rash
- sore or discharging eyes and/or ears
- significant nasal discharge
- symptoms or signs of a contagious condition (i.e.: lice, pink eye)

**Please note the listing provided above is in no way intended to be conclusive or final.*

If a student exhibits any of these symptoms while at the school, SRM will attempt to isolate them from other students. Parents will then be contacted to come to school and pick up their child within one hour.

If while in the care of SRM, a student is determined to have/develop a health condition listed above, or any other health symptoms/conditions which SRM staff determines to be non-typical- parents will be notified as soon as possible. Usual notifications will take place via phone and/or email. Upon such notification, parents are required to pick-up their student, as soon as possible, but no later than 1 hour from the time of notification.

Upon leaving SRM, a student may not return to school any sooner than 24 hours, after the student exhibits no signs/symptoms of a health condition- without the use/aid of any medicine or other treatment. The sole exception to this policy, will be a signed medical doctor's note- authorizing a child to return to school, while continuing a prescribed course of medicine/treatment.

If while OUTSIDE the care of SRM, a student has/develops a health condition listed above, or any other health symptoms/conditions which SRM staff would likely determine to be non-typical or of usual good health- then parents should proceed as follows:

Said student should not return to school any sooner than 24 hours, after the student exhibits no signs/symptoms of a health condition- without the use/aid of any medicine or other treatment. The sole exception to this policy, will be a signed medical doctor's note- authorizing a child to return to school, while continuing a prescribed course of medicine/treatment.

Example: A student is determined by SRM Staff to be ill at 3 p.m. on Monday. A parent is called, and the student is picked up by 4 p.m. on Monday. Given the late hour of dismissal, the student would not be expected to return to SRM any sooner than Wednesday.

If a student is not going to be coming to school due to a health condition, whether contagious or not, please inform the school.

SRM reserves the right, at its sole discretion, to require a letter from a medical doctor, authorizing a child to return to the SRM school environment. If a letter is requested by SRM Staff, a child may not attend SRM until such letter is provided to SRM.

Communicable Diseases

Parents are to notify SRM within 24 hours if their child OR anyone in the family contracts any communicable diseases. Life threatening diseases such as meningitis are required to be reported to SRM immediately.

Child Abuse

If SRM Staff suspects that a child has been abused, the Center may report such to appropriate authorities.

Food

If your child has any allergies, parents will be responsible for providing lunch/snack and/or milk substitutes. Lunches provided from home must be **'ready to eat'** and require **no** warming, refrigeration, handling, or preparation of any kind. In addition, parents who provide food items from home for their child, must also consider and respect the allergic conditions of other students in the class. In doing so, parents must refrain from sending to SRM any food items conflicting with the diets or health of other SRM students.

While SRM will work hard to adhere to respect that preferred diet, and any dietary or allergic restrictions of its students, SRM herein states that it will not be responsible for any adverse reactions whatsoever caused as a result of food or liquid ingestion or any type of exposure.

Parents/Guardians who wish to enroll in the catered lunch program must complete the applicable paperwork by the 1st day of the coming month. For parents wishing to cease enrollment in this program, written notice indicating the same must be provided to SRM no later than the 20th of the month.

Medications

A *Medication Authorization Form* (available at www.stoneridgemontessori.com) should be filled out each time medicine is to be administered to a child. Please give the medicine to the Center Administrator. Please label the bottle with the child's name, dosage and time at which the medicine should be administered. Prescription medicine is to be brought in its original container. Medicines that are to be kept at the Center on a long-term basis (such as EpiPens) need to be accompanied by a *Physicians Medication Authorization Form*. In general, medications need to be taken home each day. Failure to do so may require SRM to dispose of them.

Sunscreen/ Diaper Ointment/Insect Repellent

If your child requires sunscreen, diaper ointment, and/or insect repellent applied, please make sure to fill out the appropriate authorization forms. All lotions and/or sprays need to be in their original containers, and labeled with the student's name. Each child must have his/her own product; sibling-to-sibling sharing is not permitted.

Additional Provisions and Disclosures

Extracurricular Activity Waiver

During both the School Year and the Summer Session, SRM may conduct extracurricular activity programs on school property. Examples of these activities include soccer, martial arts, dance, etc. If a parent chooses to enroll his/her child in an extracurricular program, they do so of their own free will and at their own risk. By enrolling his/her child in an extracurricular activity, a parent knowingly and willingly waives their right to hold Stone Ridge Montessori, Inc. and its respective landlords liable for any injury caused by such activities.

Field Trip Waiver

During both the School Year and the Summer Session, SRM may elect to take students on field trips. Such trips will take place under the supervision of SRM Staff and Faculty. SRM herein states that it will not be responsible for any injury or illness, whatsoever, caused by or occurring during, or in anticipation of a field trip. All parties understand that by signing below, they relinquish any and all possible legal rights to hold SRM Inc., its staff, employees, and landlords liable in connection thereof.

Development and Advertising

During both the School Year and the Summer Session, SRM may conduct advertising and development work in the school. Such work may include images and videos of parents and students attending SRM, or participating in SRM events. SRM may, at its sole discretion, elect to use such images, videos, and photographs in advertising materials, websites, and other marketing materials. All parents, guardians and students, understand that by signing below, they relinquish any and all possible legal rights to hold SRM Inc., its staff, employees, and landlords liable in connection with use of such materials. Furthermore, all parties herein relinquish any ownership rights whatsoever, over aforementioned materials, likeness, and work product. Any claims of violation of privacy or the like, are also herein waived.

Annual Review

It is parents' duty alone, to conduct an annual review of all information and details provided on the initial Application for Admission, to ensure all information provided remains current and accurate.

"SRM" Defined

"SRM" is herein defined as an abbreviation and/or fictitious name. As referenced in this document, "SRM" is intended to denote Stone Ridge Montessori Incorporated.

Updates to This Document

SRM herein reserves the right to update, change, or alter this document in any way it deems in its best interest. Such updates will take place, without automatic notification to parents. However, parents may, at any time, request from SRM the most updated version of this document, presently in effect. Moreover, SRM will maintain on its website, the most updated version of this document, presently in effect. The undersigned parent/guardian understands that it will be their duty alone, to remain apprised of the current policies and procedures in effect- to which they herein agree to adhere and be bound.



M O N T E S S O R I
Stone Ridge

Please Sign and Return this page to Stone Ridge Montessori office staff. Thank You.

By signing below, I affirm that I have read and reviewed in its entirety, the preceding **2018/2019 Stone Ridge Montessori Incorporated Policies and Procedures** documentation, and agree to consent fully and wholly. I understand and appreciate the fact that I will be bound to follow and conduct myself by **ALL** the terms and conditions put forth in the preceding.

Seen and agreed:

Signature of Parent / Guardian

Date

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: _____ / _____ / _____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Mother or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Name of Father or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do __) (do not __) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: _____/_____/_____

Signature of person completing this form: _____ Date: _____/_____/_____

Signature of Interpreter: _____ Date: _____/_____/_____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: |__|_|_|_|_|_|
Last *First* *Middle* *Mo.* *Day* *Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ___/___/___

Student's Name: _____ Date of Birth: ____/____/____

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap: [___]; DT/Td: [___]; OPV/IPV: [___]; Hib: [___]; Pneum: [___]; Measles: [___]; Rubella: [___]; Mumps: [___]; HBV: [___]; Varicella: [___]

This contraindication is permanent: [___], or temporary [___] and expected to preclude immunizations until: Date (Mo., Day, Yr.): ____/____/____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(requirements are subject to change.)**

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Student's Name: _____ Date of Birth: ____/____/____ Sex: M F

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided TB Risk Assessment: <input type="checkbox"/> No Risk <input type="checkbox"/> Positive/Referred Mantoux results: _____ mm	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment <table border="1"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td></td> <td>1</td> <td>2</td> <td>3</td> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HEENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EPSDT Screens Required for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																																																		

Developmental Screen	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.	<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen												
	<table border="1"> <tr> <td></td> <td>1000</td> <td>2000</td> <td>4000</td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> </tr> <tr> <td>L</td> <td></td> <td></td> <td></td> </tr> </table>		1000	2000	4000	R				L				<input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000										
R														
L														
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer														

Vision Screen	<input type="checkbox"/> With Corrective Lenses (check if yes)	<input type="checkbox"/> Not tested							
	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Test used: _____							
	<table border="1"> <tr> <td>Distance</td> <td>Both</td> <td>R</td> <td>L</td> </tr> <tr> <td></td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> </table>	Distance	Both	R	L		20/	20/	20/
Distance	Both	R	L						
	20/	20/	20/						
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen									

Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment
	<input type="checkbox"/> No Problem: Referred for prevention
	<input type="checkbox"/> No Referral: Already receiving dental care

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____ _____ _____
	___ Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epi pen <input type="checkbox"/> other: _____
	___ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)
	___ Restricted Activity Specify: _____
	___ Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____
	___ Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.
	___ Special Diet Specify: _____
	___ Special Needs Specify: _____
	___ Other Comments: _____

Health Care Professional's Certification (Write legibly or stamp):			
Name : _____	Signature: _____	Date: ____/____/____	
Practice/Clinic Name: _____	Address: _____		
Phone: _____	Fax: _____	Email: _____	