

Maya Home Montessori Enrollment Form

Thank you for your interest in Maya Montessori!

We are thrilled to welcome your little one to our program. We understand that choosing a daycare provider is a major decision, and we are committed to providing a safe, nurturing, and high-quality care environment for your child.

Maya Montessori is a Licensed Child-Care Home with the Texas Health and Human Services Commission (Permit #1816580). Care is provided in full compliance with Texas health, safety, and supervision standards.

To begin enrollment, please complete this form and return it with your \$50 registration fee (non-refundable).

Once we receive your completed form and registration fee, we will contact you within five (5) business days regarding enrollment approval.

If space is limited, your child may be placed on a waiting list.

After enrollment approval, we will schedule a time for you to meet with Mrs. Pantea, review our Parent Handbook, and complete any additional required forms.

Thank you for choosing Maya Montessori!

Child Information

Child's Full Name: _____

Preferred Name (if any): _____

Birthdate: _____

Age: _____

Gender: ☐ Male ☐ Female ☐ Other

Grade in School (if applicable): _____

Parent(s)/Guardian(s) Name(s): _____

Child's Home Address: _____

Primary Telephone #: _____

Child's Social Security #: (optional) _____

Special needs/considerations of Child: *Medical conditions, developmental considerations, behavioral considerations, medications, unique home circumstances, etc.*

Known allergies (food, medication, insect, environmental): _____

☐ No known allergies

Pediatrician's Name: _____

Pediatrician's Telephone #: _____

Parent/Guardian Information

Parent/Guardian 1 Name: _____

Relationship to Child: _____

Driver's License #: _____

Occupation: _____

Cell Phone #: _____

Work Phone #: _____ Ext: _____

Home Address (if different from child):

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Driver's License #: _____

Occupation: _____

Cell Phone #: _____

Work Phone #: _____ Ext: _____

Home Address (if different from child):

Emergency Contact (Other than Parent/Guardian)

Name: _____

Relationship to Child: _____

Driver's License #: _____

Occupation: _____

Cell Phone #: _____

Work Phone #: _____ Ext: _____

Home Address: _____

Name: _____

Relationship to Child: _____

Driver's License #: _____

Occupation: _____

Cell Phone #: _____

Work Phone #: _____ Ext: _____

Home Address: _____

Desired Schedule

Program Selected:

- ☐ Full-Time Care (up to 10 hours/day)
- ☐ School-Time Care (8:00 AM–3:00 PM)
- ☐ Part-Time Care (3 days or fewer)
- ☐ After-Care (3:00PM-6:00PM)

If Part-Time, please indicate which days your child will attend:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Desired Hours of Care: From _____ a.m. to _____ p.m.

Requested Start Date: _____

Requested End Date (if applicable): _____

Enrollment approval depends on availability.

Additional Consents

Infant Safe Sleep Policy (If Applicable)

(For children under 12 months)

☐ I acknowledge I have received and reviewed the Safe Sleep policy. My child will be placed on their back to sleep unless a physician's statement is provided.

Transportation Permission

Maya Montessori does not provide regular transportation. If transportation is ever required (e.g., emergency evacuation), I give permission for my child to be transported by Maya Montessori staff or emergency personnel.

Parent/Guardian Initials: _____

Emergency Medical Authorization

In the event of a medical emergency, I authorize Maya Montessori staff to secure emergency medical care and/or emergency transportation for my child if I cannot be reached immediately.

Preferred Hospital (optional): _____

Parent/Guardian Initials: _____

Media/Photography Consent

Do you grant permission for Maya Montessori to photograph or film your child for security and school event purposes (Mother's Day, graduation, crafts activities), using provider-owned and operated cameras only?

☐ Yes ☐ No

Food Program Participation

I choose (check one):

- ☐ To enroll my child in the optional catered Meal Program (\$80/month)
- ☐ To decline the Meal Program and will send nut-free food from home.

Receipt of Policies

By signing below, I acknowledge that I have received, read, and agree to the following documents , all of which are included in the Parent Handbook:

- Maya Montessori Parent Handbook
- Illness and Health Exclusion Policy
- Enrollment and Billing Policies

Registration Information

Please submit the completed enrollment form along with your \$50 registration fee.

Registration fees are accepted via cash, check, or Zelle.

Failure to pay the registration fee or bounced checks may delay enrollment or result in denial.

Acknowledgment

By signing below, I confirm that the information provided is true and complete to the best of my knowledge.

I understand that submitting this form does not guarantee enrollment and that I will be contacted regarding enrollment status.

Parent/Guardian 1 Signature:

_____ Date: _____

Parent/Guardian 2 Signature:

_____ Date: _____

Thank you for choosing Maya Montessori!

We look forward to getting to know you and your child and building a wonderful partnership together.

Administrative Use Only

Date Enrollment Form Received: _____

Date Entered into System: _____

Check Number: _____

Amount Received: _____