

# Follow Me Montessori Pre-School Application

## Requirements:

Children must be three years old before they may enroll in Pre-School. All children enrolled in Follow Me Montessori Pre-School must be toilet trained. Applications must be submitted with a \$100 non-refundable registration fee that will be applied to your first month tuition.

Child's Name \_\_\_\_\_ Year applying \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Nickname? \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone Number \_\_\_\_\_

## Emergency:

\_\_\_\_\_  
Name, Address, Phone Number of Emergency Contact (other than parent)

\_\_\_\_\_  
Name, Address, Phone Number of Doctor

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ in consideration of acceptance into Follow Me Montessori Pre-School, agree to make tuition

payments on the 1<sup>st</sup> of each month and no later than the 3<sup>rd</sup> of each month. Otherwise, we will be charged a \$25 late payment fee due no later than the 4<sup>th</sup> of the delinquent month. It is understood that our failure to meet conditions of this agreement may result in our child's being dismissed from the program.

\_\_\_\_\_  
Father/Guardian signature

\_\_\_\_\_  
Mother/Guardian signature

Parent Agreements (please initial)

1. I/We, the parent(s)/guardian(s), agree to pick up the ill child as soon as possible after being notified. \_\_\_\_\_
2. I/We, the parent(s)/guardian(s) understand our child(ren) will not be released to anyone except parent/guardian or those I/we listed on HHS's Admission Form 2935, October 2023. Only a written note, text, or email with complete date and signature must be sent to the Director. Otherwise, your child(ren) will not be released. \_\_\_\_\_
3. I/We, the parent(s)/guardian(s), authorize Follow Me Montessori Pre-School to obtain immediate medical treatment care if an emergency occurs and I cannot be reached. \_\_\_\_\_
4. I/We, the parents(s)/guardian(s), authorize Follow Me Montessori Pre-School to take a photograph(s) of my child during daily activities and to post the pictures in the classroom. \_\_\_\_\_
5. I/We, the parent(s)/guardian(s), authorize Follow Me Montessori Pre-School and/or their website developer to take pictures of my child(ren) during daily activities and post them on the Follow Me Montessori Pre-School Website. No names will be used. \_\_\_\_\_
6. I/We, the parent(s)/guardian(s), fully understand we are to provide our child(ren) with a daily lunch and snack. \_\_\_\_\_
7. I/We, the parent(s)/guardian(s), have read and understand Follow Me Montessori Pre-School's Handbook. \_\_\_\_\_
8. I/We, the parent(s)/guardian(s), fully understand Follow Me Montessori Pre-School is a school with curriculum, rules, expectations and that it is not a daycare. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date Withdrawn: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*This signature page refers to Follow Me Montessori Pre-School Application.**



## Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

### General Information

Operation's Name: Follow Me Montessori Pre-School LLC		Director's Name: Reecie Cannon	
Child's Full Name:		Child's Date of Birth:	Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 if different from the child's:	
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No
<b>In case of an emergency, when the parent or guardian cannot be reached, call:</b>			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to <b>release</b> my child to leave the child care operation <b>only</b> with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

### Consent Information

#### 1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

#### 2. Field Trips:

☐ I give consent for my child to participate in field trips. ☐ I do not give consent for my child to participate in field trips.

Comments:



### 3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play   ☐ sprinkler play   ☐ splashing or wading pools   ☐ swimming pools   ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes   ☐ No

If no, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes   ☐ No

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes   ☐ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

\*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

### 4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- |                                                                                                                              |                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Discipline and guidance                                                                             | <input type="checkbox"/> Procedures for release of children                                                                        |
| <input type="checkbox"/> Suspension and expulsion                                                                            | <input type="checkbox"/> Illness and exclusion criteria                                                                            |
| <input type="checkbox"/> Emergency plans                                                                                     | <input type="checkbox"/> Procedures for dispensing medications                                                                     |
| <input type="checkbox"/> Procedures for conducting health checks                                                             | <input type="checkbox"/> Immunization requirements for children                                                                    |
| <input type="checkbox"/> Safe sleep                                                                                          | <input type="checkbox"/> Meals and food service practices                                                                          |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director                                        | <input type="checkbox"/> Procedures to visit the center without securing prior approval                                            |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services                                                              |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                       | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

### 5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None   ☐ Breakfast   ☐ Morning snack   ☐ Lunch   ☐ Afternoon snack   ☐ Supper   ☐ Evening snack

### 6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### 7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**8. Child's Special Care Needs, check all that apply**

- |                                                                              |                                                                              |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Environmental allergies                             | <input type="checkbox"/> Limitations or restrictions on child's activities   |
| <input type="checkbox"/> Food intolerances                                   | <input type="checkbox"/> Reasonable accommodations or modifications          |
| <input type="checkbox"/> Existing illness                                    | <input type="checkbox"/> Adaptive equipment, include instructions below      |
| <input type="checkbox"/> Previous serious illness                            | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____                                        |                                                                              |

Explain any needs selected above: \_\_\_\_\_

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit [www.ada.gov/resources/child-care-centers/](http://www.ada.gov/resources/child-care-centers/). If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

**9. School Age Children**

My child attends the following school: \_\_\_\_\_

School Area Code and Phone No.: \_\_\_\_\_

My child has permission to:

Check all that apply.

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address: \_\_\_\_\_

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**Authorization For Emergency Medical Attention**

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

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

Signature — Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_



### Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### Vision Exam Results

Right Eye 20/      Left Eye 20/      ☐ Pass      ☐ Fail

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### 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. Select **only one** option.

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ 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.
- ☐ 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 submit it to the child care operation.

Name of Health Care Professional, if selected \_\_\_\_\_

Address of Health Care Professional, if selected \_\_\_\_\_

Signature — Health Care Professional \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature — Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_



### Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1-2 months (second dose)	
	6-18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15-18 months (fourth dose)	
	4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6-18 months (third dose)	
	4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose)	
	4-6 years (second dose)	
Varicella	12-15 months (first dose)	
	4-6 years (second dose)	
Hepatitis A	12-23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

### Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### TB Test if required

☐ Positive ☐ Negative Date: \_\_\_\_\_

### Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

### Signatures

Child's Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

Center Designee \_\_\_\_\_

Date Signed \_\_\_\_\_

### Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_



# Child Assessment Form

Child Name (last, first, middle)	Social Security No.*	Enrollment Date	Date of Birth
Street Address (If rural, attach directions)	City	County	Zip
Mailing Address (if different) – Street or P.O. Box	City	County	Zip
Telephone No. (include A/C)			

\* If applicable.

## 1. Health

Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how is the medication administered, and will it need to be administered while he/she is in care?		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 2. Toileting:

Does your child need assistance with toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

## 3. Behavior:

Does your child have any special fears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How does your child communicate his/her needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special words that your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she is having a temper tantrum?		
Are there any particular routines that are particularly helpful at naptime?		



--

\_\_\_\_\_

--

☐ No

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Signed**

Date Signed \_\_\_\_\_

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## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Discipline and Guidance Policy

#### Discipline 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.

**A caregiver 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) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures

*(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)*

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:**

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

### Signature

This policy is effective on the following date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Role: ☐ Parent ☐ Caregiver or Employee ☐ Household Member (CH. 747 only)

### Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&r=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&r=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&r=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&r=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&r=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&r=Y)



## Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

### Rights of Parent or Guardian

**A parent or guardian of a child at a child care facility has the right to:**

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
  - (A) staff training records; and
  - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - (A) video recordings of the alleged incident are available;
  - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
Signed By: Parent or Guardian

\_\_\_\_\_  
Date

### Resources

Facility Information and Online Compliance History:

<http://txchildcaresearch.org>

Child Care Regulation Contact Information:

<https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

April 8, 2024

Dear Parents -

As I told you on February 16, 2024, when I was reducing the amount of quarantine days for Covid, the CDC was considering doing away with the quarantine altogether. I just found out this weekend they have.

"Effective March 1, 2024, according to the Department of State Health Services (DSHS), Coronavirus Disease 2019 (Covid-19) is no longer considered a novel coronavirus and is no longer a notifiable disease condition in Texas."

Therefore, zero quarantine days if you or anyone in your family are exposed, suspected of exposure, or develop symptoms to the Covid virus **UNLESS** your child is running a fever of 100° or more. They may return after 24 hours of being fever free.

Thank you for cooperating during this time.

Sincerely,

*Reecie Cannon*

Reecie Cannon, Director/Teacher

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Parent/Guardian signature

---

Date

Dear Parents -

10/20/2021

A new policy must be set in place as I am learning about owning a business and sicknesses appear. After reading this new policy, please sign your name and date acknowledging this new policy. This policy is not meant to be uncaring but the right opposite. I must protect all the children in Follow Me Montessori Pre-School.

Should your child become ill and develop any type of contagious illness (rashes, lice, Hand, Foot, and Mouth, flu, etc), your sweet child may not enter the school until I receive a doctor's note saying your child may return to school or he/she has been symptom free without medication for at least 24 hours. If your child develops lice, your child may not enter the school until proof is provided (box of hair product that is in date) that your child has been treated and is free of lice and eggs.

With illnesses such as Hand, Foot, and Mouth, or other rashes where bumps or lesions appear on the skin, I realize some can be covered with band aids, but children tend to pull bandages off and on; therefore, that makes it very unsafe for the others. There are many reasons for rashes, but since the cause may be unknown, please realize I must protect all the children and staff. I disinfect daily, but if a contagious rash can drain, then anything the children touch, they can become infected. There is no way I can follow one child all day disinfecting everything he/she touches.

New policies for Follow Me Montessori are effective immediately.

I apologize for any inconvenience, but please realize I must protect everyone that enters this school, and please trust that I am doing my best to keep you sweet child and all of the families safe as I continue to learn the ins and outs of owning Follow Me Montessori.

Thank you,

Reecie Cannon, Director

Follow Me Montessori Pre-School LLC

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Parent/Guardian Signature

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Date



## Follow Me Montessori Pre-School Supply List

- 24 count Crayola brand only, colored pencils, 1 box
- 24 count Crayola brand only, crayons, 2 boxes
- Nap mat (Kinders don't have to nap, but may)
- Baby wipes, 2 packages
- Must bring/leave cap protecting from the sun

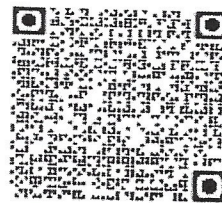


**TEXAS**  
Health and Human Services

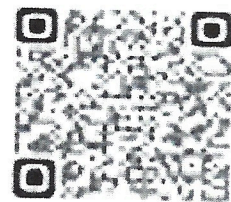
# ATTENTION PARENTS

**You are entitled to see the following information.  
You may ask the director to show you the most recent copy of:**

- The minimum standards for this licensed center  
(also available at <https://www.hhs.texas.gov/providers/protective-services-providers/child-care-regulation/minimum-standards> or access the QR code below)
- Parent's Rights
- The investigation or inspection report from Texas Department of Family and Protective Services or Health and Human Services (also available at <https://www.txchildcaresearch.org> or access the QR code below)
- Documentation of liability insurance that complies with Human Resources Code, Section 42.049
- The fire marshal inspection report
- The health department sanitation inspection report
- The gas pipe inspection report
- The licensed center operational policies



Minimum Standards



Search Child Care



Texas Health and Human Services Commission  
Child Care Regulation Department