

# **CYPRESSWOOD MONTESSORI SCHOOL**

## **TRANSPORTATION POLICY**

We are committed to maintaining safe vehicles and procedures and to meet and/or exceed all standards set by state law.

### **OUR VEHICLES**

- 1) The vehicle provided by **Cypresswood Montessori School** is a 99' Ford, 15 Passenger/staff car.
- 2) All vehicles used to transport children are registered by the Texas Department of Transportation and have been approved by the state for transportation.
- 3) All vehicles have current insurance coverage for the motor vehicle and proof of such shall be kept in the vehicle and on the facility premises.
- 4) The motor vehicle shall have a working heater and air conditioner that can maintain a temperature between 60° F and 86° F.
- 5) The motor vehicle will include a fire extinguisher, emergency reflective triangles, a first aid kit, a blanket and water sufficient for the needs of each enrolled child.
- 6) Our vehicles shall be kept clean and mechanically safe.
- 7) All service and repair records of all motor vehicles used for the transportation of enrolled children shall be maintained for 12 months and shall be available for inspection.

### **OUR STAFF**

1. All drivers shall be at least 18 years of age and shall hold a valid Texas driver's license; they shall also meet all standards set by Texas law concerning the class of vehicle being driven.
2. All drivers and those accompanying the children while in the vehicle shall receive adequate training every six (6) months in use of the passenger log and all transportation rules of the center and the state of Texas. This training shall include periodic practice of the emergency exiting procedures. The documentation of this training is kept in each staff member's employment file.
3. All drivers shall comply with all state of Texas health requirements for Child Care workers.
4. All drivers and adult monitors shall be CPR/first aid certified and shall be familiar with the use of all emergency equipment and procedures.

### **REQUIRED SAFETY & RULES**

1. Each child and adult shall be secured in their own seat belt before and while the vehicle is in motion.
2. All children and all passengers shall be seated and entirely inside the vehicle while the vehicle is in motion.
3. All children shall always be attended by an adult while in a vehicle – no child will ever be left alone in a vehicle for any reason.
4. No child is allowed to open or close any door or window of the vehicle.
5. The emergency parking brake shall be set and the ignition keys removed from the vehicle prior to the driver exiting the vehicle.

6. All doors of the vehicles shall be locked whenever the vehicle is in motion.
7. All children shall be loaded onto or unloaded from the vehicle away from moving traffic at curbside, in a driveway, parking lot or other location designated for this purpose.
8. In the case of an accident while transporting children, the Texas Department of Health Services Office of Child Care Licensing will be notified by phone within 24 hours and a written report will be submitted to them within 7 days.
9. The school may ask for immediate withdrawal of any students for any reason or if the child or parent cannot adjust to the policies and standards of Cypresswood Montessori.

## **PROCEDURES**

1. A copy of each child's emergency information shall be carried in the vehicle in addition to a Passenger Log stating the name of each enrolled child being transported.
2. Each individual child shall be listed separately by first and last name and by school and shall be counted by individual entry.
3. The Passenger Log shall be used to take roll each time the vehicle makes a stop as each child is loaded or unloaded.
4. Upon unloading the children from the vehicle, the Passenger Log shall be transferred to the person designated by the center who shall provide additional review and additional verification that the children have been unloaded from the vehicle and properly accounted for.
5. All Passenger Logs shall include the names of the persons who complete the Passenger Log and a separate attendance record of that event.
6. After the children have been unloaded from the vehicle, the driver shall immediately physically walk through the vehicle and inspect all seat surfaces, under all seats and all compartments or recesses in the vehicle's interior to insure no children have remained on the vehicle or of any items left behind.
7. All Children transported to school shall be released in accordance with the school's procedures for this. This to include dropping them off/picking them up at the agreed upon place and time. The center staff shall watch the children while they are getting on and off the vehicle and shall watch them walk through the entrance to the door designated by the school.
8. No audio headphones or cell phone shall be used by the driver while the vehicle is in motion, unless there is an urgent call pertaining to a child being absent and the school has not been notified.
9. We will insure that children never spend more than forty-five (45) minutes traveling one way. We will maintain acceptable adult to children ratios when transporting children who are school age.
10. No Radio/Music shall be on.

## **ACTIONS TAKEN FOR INAPPROPRIATE BEHAVIOR**

1. Verbal warning to student
2. Written warning sent to parent
3. Meeting with student and parent
4. Dismissal

\* Violation does not have to be the same violation.

\* Violation can also include violations at the school.

**CYPRESSWOOD MONTESSORI SCHOOL**  
**TRANSPORTATION PERMISSION**  
*(Please sign and return this document)*

1. I \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to ride in the vehicle provided by the Cypresswood Montessori School.
2. My child will be transported from the Cypresswood Montessori School to \_\_\_\_\_ (name of the elementary school) at approximately \_\_\_\_\_ AM (if applicable)
3. My child will be picked up at \_\_\_\_\_ (name of the elementary school) and will be transported to Cypresswood Montessori school at approximately \_\_\_\_\_ PM (if applicable)
4. My child's immunization/hearing and vision records are current and on file at the school he/she attends away from this center.
5. My child is in \_\_\_\_\_ grade. Teacher's Name \_\_\_\_\_.
6. I agree to notify the Cypresswood Montessori School in the event that my child will be absent.
7. I agree to meet all financial obligations to the school, including: weekly tuition as well as any applicable late fees or returned check fees.
8. In addition I also agree to relieve the school, Director, staff and drivers of any liabilities for accident or injury occurring while at Cypresswood Montessori School or during transportation to and from Cypresswood Montessori School.

**VAN RULES**

(Please make your children understand these rules)

1. The children must wear a seat belt at all times while in the vehicle.
2. The children must be seated until bus has come to a complete stop.
3. The children will not open their backpacks while in the bus.
4. No writing, eating or littering in the van.
5. No shouting, fighting, or touching any student.
6. Use of foul language is unacceptable.

**ACTIONS TAKEN FOR INAPPROPRIATE BEHAVIOR**

1. Verbal warning
2. Written warning to parents
3. Meeting with student and parent
4. Dismissal

I have read the transportation policy and understand that my child has to comply with all the van rules set by Cypresswood Montessori School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CYPRESSWOOD MONTESSORI SCHOOL**  
**PARENT ACKNOWLEDGEMENT FORM**

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

I understand that these policies describe important information regarding Cypresswood Montessori School. If at any time I have questions regarding these policies, I should consult a member of the administrative team. My relationship with the Cypresswood Montessori School is voluntarily entered into and is subject to termination by me or the school at will, with or without cause, at any time that either the school or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I acknowledge that I have received, read and understand the policies contained in the parent handbook. I further agree to comply with these policies.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

I have read the menu for both Snacks and Lunches and my child

Is allergic to \_\_\_\_\_

Is not allergic to anything: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

I authorize the school staff to dispense Fever Reducing medicine to my child (**provided by parent**) if needed and after notifying the parent. In case the school cannot reach the parent, the medication will be dispensed under this authorization.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Received by administration staff:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**CYPRESSWOOD MONTESSORI SCHOOL**  
**CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **DL#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed By \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **DL#** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed By \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**Person to contact in case of emergency** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Person to contact in case of emergency** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Person to contact in case of emergency** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

**ATTENTION: PLEASE MAKE SURE THE EMERGENCY CONTACT INDIVIDUALS ARE ALSO LISTED ON THE PICK-UP PERMISSION FORM.**

**CYPRESSWOOD MONTESSORI SCHOOL**  
**CLASSROOM/DATABASE INFORMATION**

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

DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parents are:            Married                      Divorced                      Separated                      Remarried

Please give instructions regarding your arrangements as they effect the child while at Cypresswood Montessori.

\_\_\_\_\_  
\_\_\_\_\_

Please provide siblings' names and ages

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Is the child adopted?        Y        N                                      If so at what age? \_\_\_\_\_

If so, has he/she been informed about his/her adoption?                      Y        N

How would you describe your child's normal disposition? \_\_\_\_\_

\_\_\_\_\_

Does he/she have any specific fears or phobias? If so please describe them. \_\_\_\_\_

\_\_\_\_\_

What means of discipline do you find most effective? \_\_\_\_\_

\_\_\_\_\_

Describe the experience your child has had playing with other children. \_\_\_\_\_

\_\_\_\_\_

Whom can we thank you for referring you to Cypresswood Montessori? \_\_\_\_\_

\_\_\_\_\_

**CYPRESSWOOD MONTESSORI SCHOOL  
PICK-UP PERMISSION & EMERGENCY CONTACT FORM**

Name of child: \_\_\_\_\_

I hereby give permission for my child to leave the school with the following persons named below. It is the responsibility of the parents to notify the school, in writing, of any change. (Even Mother and Father's name need to be listed!)

<u>Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Home/Cell Phone</u>	<u>Work Phone</u>

If there is a separation or divorce custody problem of which Cypresswood Montessori should be aware, please explain. (attach custody documentation if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of persons who the school can contact in case of an emergency:

<u>Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Home/Cell Phone</u>	<u>Work Phone</u>

Names of persons who may not pick up the child:

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CYPRESSWOOD MONTESSORI SCHOOL  
CHILD'S PROFILE**

**Personality Profile:**

Is the child adopted? Y      N      At what age?\_ Has he/she been told about the adoption? Y      N  
How would you describe your child's normal disposition? \_\_\_\_\_

Does he/she have any specific fears or phobias? If so please describe them. \_\_\_\_\_

What means of discipline do you find most effective? \_\_\_\_\_

Describe the experience your child has had playing with other children. \_\_\_\_\_

What Language(s) is spoken at home: \_\_\_\_\_

By Nature, is your child friendly? \_\_\_\_\_ Shy? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Other: \_\_\_\_\_

What frustrates your child, or makes them angry? \_\_\_\_\_

What is the best way to communicate with your child? \_\_\_\_\_

Who does most of the disciplining in your household? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Has your child had a frightening experience with? Animals? \_\_\_ Loud Noises? \_\_\_ The Dark? \_\_\_ Other: \_\_\_\_\_

Is there anything out-of-the-ordinary that might help us in understanding and working with your child more effectively? (i.e. new baby, divorce, death, new step-parent, etc.) \_\_\_\_\_

Has your child ever attend a Childcare Center? Y      N      How Long? \_\_\_\_\_ Where? \_\_\_\_\_

What areas or special attention you would like us to focus on this year? \_\_\_\_\_

Is there any fear that we should know about? \_\_\_\_\_

Does your child ever play outside? \_\_\_\_\_ If yes, for how long each day? \_\_\_\_\_

**Health/Physical Profile**

Known \_\_\_\_\_

Allergies \_\_\_\_\_

Regular or Necessary Medication \_\_\_\_\_

Physical Disabilities or Limitations \_\_\_\_\_

Any other Health Problems the Center should be aware of \_\_\_\_\_

**Developmental Profile**

Toilet Habits \_\_\_\_\_

Is your child Potty Trained? Yes      No      if No does he/she use?      Diapers: \_\_\_\_\_ Pull ups: \_\_\_\_\_

If yes what age was your child potty trained \_\_\_\_\_

Can we depend on your child to tell us when they need to go to the bathroom? \_\_\_\_\_

Any special words your child may use \_\_\_\_\_

**Sleeping Habits**

Special Naptime Instructions? \_\_\_\_\_

Normal Bedtime \_\_\_\_\_ Awaken? \_\_\_\_\_ Nap? \_\_\_ Length \_\_\_\_\_ Bedtime buddy \_\_\_\_\_

Special Sleeping Routine (song, story, etc.) \_\_\_\_\_



**CYPRESSWOOD MONTESSORI SCHOOL**  
**18323 Kuykendahl, Spring, Tx 77379 Ph# 281-370-6100**

**Emergency Contact and Medical Information for a Child**

<hr/> <b>Child's Name</b>	<hr/> <b>Date of Birth</b>	<b>M F</b> <b>Sex</b>
<hr/> <b>Parent /Guardian Name</b> ( )	<hr/> <b>Parent /Guardian Name</b> ( )	
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>	
<hr/> <b>Address</b>	<hr/> <b>Address</b>	
<hr/> <b>City, ST ZIP Code</b>	<hr/> <b>City, ST ZIP Code</b>	

**Alternative Emergency Contacts**

<hr/> <b>Primary Emergency Contact</b> ( )	<hr/> <b>Secondary Emergency Contact</b> ( )
<hr/> <b>Home Phone</b>	<hr/> <b>Work Phone</b>
<hr/> <b>Address</b>	<hr/> <b>Address</b>
<hr/> <b>City, ST ZIP Code</b>	<hr/> <b>City, ST ZIP Code</b>

**Medical Information**

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**Hospital/Clinic Preference**

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<hr/> <b>Physician's Name</b>	<hr/> <b>Phone Number</b>
<hr/> <b>Dentists Name</b>	<hr/> <b>Phone Number</b>
<hr/> <b>Insurance Company</b>	<hr/> <b>Policy Number</b>

**Allergies/Special Health Considerations**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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<b>Parent /Guardian Signature</b>	<b>Date</b>
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**CYPRESSWOOD MONTESSORI SCHOOL  
EMERGENCY MEDICAL/DENTAL CONSENT FORM**

I, \_\_\_\_\_ (Mother, Father or Guardian) of \_\_\_\_\_, age \_\_\_\_\_, do hereby give my permission and such emergency medical or dental care and/or treatment as my above named child might require while under Cypresswood Montessori school's supervision. The school's team members may take steps including any or all of the following if they believe an emergency situation exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician or dentist.

In the case of emergency, every effort will be made to notify parents and to contact the child's physician or dentist immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the nearest hospital or to the child's physician or parent. I agree to pay all of the costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

The following will be called in case of an emergency:

**Child's physician:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child's dentist:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Hospital:**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Relatives or friends who may be contacted for assistance or information in case of emergency. (Should also be listed on the pick-up permission form)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Allergies, medication, or other conditions pertinent to emergency care: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CYPRESSWOOD MONTESSORI SCHOOL

## PHOTO RELEASE FORM

I understand that Cypresswood Montessori School offers school pictures two times a year, in the spring and fall. I further understand that I am under no obligation to purchase the photos that are taken of my child or pictures that my child may be in.

I also understand that Cypresswood Montessori School may take pictures of the children playing from time to time for use on their cubbies or for use with a project. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I realize that photos may be displayed in the room from time to time and could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that particular picture might be sent home with the other child to show their parent what they are doing.

I agree to give permission for Cypresswood Montessori School to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's classroom, or the school's bulletin boards, or to be used as mentioned above. I further agree to allow the school to use these photographs or video images in limited promotional or training applications or school's website and face book page.

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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