



**MLK**  
**Montessori School**

## Admissions Checklist

### Original:

- Physical \*must be signed by an MD

### Copies:

- Parent photo ID
- Parent social security card
- Student social security card
- Student birth certificate
- Student health insurance card
- Immunizations

### Forms:

- |  |   |
|--|---|
| <input type="checkbox"/> Application                                 | <input type="checkbox"/> Parent Handbook Signature  |
| <input type="checkbox"/> Emergency Card                              | <input type="checkbox"/> CACFP                      |
| <input type="checkbox"/> Getting Acquainted                          | <input type="checkbox"/> Field Trip Permission Form |
| <input type="checkbox"/> Lead/Asthma assessment                      | <input type="checkbox"/> Vision Screening           |
| <input type="checkbox"/> Family Demographics/<br>CDBG Client Profile | <input type="checkbox"/> Speech Screening           |
| <input type="checkbox"/> Family Contact Information                  | <input type="checkbox"/> Photo Consent              |
| <input type="checkbox"/> Licensed Child Care Consent                 | <input type="checkbox"/> Hearing Screening          |
|  | <input type="checkbox"/> Immunization Permission    |
|  | <input type="checkbox"/> Financial Agreement        |

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

IF NO WOULD YOU BE INTERESTED IN THE MLK SCHOLARSHIP/TUITION ASSISTANCE PROGRAM? (PARTICIPATION BASED ON ELIGIBILITY, FUNDRAISING, AND AVAILABILITY OF FUNDS) YES \_\_\_\_\_ NO \_\_\_\_\_ Are you requesting bus services? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been diagnosed by a physician as having any special needs that include but are not limited to the following: (Please circle all that apply)

Allergies      Heart Disease/Murmur      Bee Sting      ADHD Food Allergy  
Diabetes      Pre-Mature Birth      Ear Tubes      Seizures      Autism      Sensory Processing  
Disorder      Other (Please  
Specify) \_\_\_\_\_

Is your child currently under the care of a Physician? (Circle one) YES NO

If you've answered yes to any category, please list all medication, including the name and telephone number of your child's physician:

Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List of Medications: \_\_\_\_\_  
\_\_\_\_\_

I understand that this agency does not discriminate against any applicant for admission to this school in regard to gender, race, religion, ethnic origin, ancestry, or physical disability.

I understand that all the information that I have provided on this application is true to the best of my knowledge. By signing this document, you are confirming your acknowledgement and acceptance of the aforementioned information and understand that MLK reserves the right to refuse services should any information be proven false.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*"The US Department of Agriculture and the State of Indiana prohibits discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, age, or disability."*

**STUDENT SCHOOL APPLICATION**

CHILD'S NAME: \_\_\_\_\_ GENDER \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

APPLICATION TYPE: Preschool (age 3 – 5) Kindergarten (age 5 by Aug 1) Summer Only

ETHNIC ORIGIN: ( Please check one) African-American Caucasian Hispanic Other \_\_\_\_\_

CHILD'S HOME ADDRESS \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CHILD RESIDES WITH: (Please check one)

Both Parents \_\_\_ Mother Only \_\_\_ Father Only \_\_\_ Grandparent (s) \_\_\_

Foster Parents \_\_\_ Other (please explain) \_\_\_\_\_

PARENT/GUARDIAN NAME:

\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CHILD'S HOME ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL/ALTERNATE: \_\_\_\_\_

E-MAIL ADDRESS:

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

IF ATTENDING SCHOOL, (please list name and phone number of the school) \_\_\_\_\_

DOES YOUR CHILD HAVE A SIBLING CURRENTLY ATTENDING MLK? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Teacher's Name: \_\_\_\_\_

Have any other children in your immediate family attended MLK? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Teacher's Name: \_\_\_\_\_

ARE YOU CURRENTLY ON ANY PROGRAM TO HELP SUBSIDIZE YOUR CHILDCARE COSTS?

CCDF \_\_\_\_\_ OnMyWayPreK \_\_\_\_\_ OTHER \_\_\_\_\_

IF NO WOULD YOU BE INTERESTED IN THE MLK SCHOLARSHIP/TUITION ASSISTANCE PROGRAM? (PARTICIPATION BASED ON ELIGIBILITY, FUNDRAISING, AND AVAILABILITY OF FUNDS) YES \_\_\_\_\_ NO \_\_\_\_\_ Are you requesting bus services? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been diagnosed by a physician as having any special needs that include but are not limited to the following: (Please circle all that apply)

Allergies      Heart Disease/Murmur      Bee Sting      ADHD Food Allergy  
Diabetes      Pre-Mature Birth      Ear Tubes      Seizures      Autism      Sensory Processing  
Disorder      Other (Please  
Specify) \_\_\_\_\_

Is your child currently under the care of a Physician? (Circle one) YES NO

If you've answered yes to any category, please list all medication, including the name and telephone number of your child's physician:

Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List of Medications:  
\_\_\_\_\_

I understand that this agency does not discriminate against any applicant for admission to this school in regard to gender, race, religion, ethnic origin, ancestry, or physical disability.

I understand that all the information that I have provided on this application is true to the best of my knowledge. By signing this document, you are confirming your acknowledgement and acceptance of the aforementioned information and understand that MLK reserves the right to refuse services should any information be proven false.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Room: \_\_\_\_\_

School Year: \_\_\_\_\_

Birth date: \_\_\_\_\_

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

Home Address \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Adults that the child lives with: (List each adult separately)

Name (s) \_\_\_\_\_

Legal Guardian Yes \_\_\_\_\_ No \_\_\_\_\_

Foster Child \_\_\_\_\_

DCS \_\_\_\_\_

Employer/School \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

Employer/School \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Bus Pick Up Address \_\_\_\_\_

Bus Drop Off Address \_\_\_\_\_

Responsible Person at Pick Up \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Person at Drop Off \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY MEDICAL Information: Allergies/Medical Conditions: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**EMERGENCY CONTACT AND AUTHORIZATION FOR PICK-UP/ DROP-OFF (other than those listed above)**

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

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

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

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

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

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

Parent Address Change: \_\_\_\_\_

\_\_\_\_\_

Parent Phone Number Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that I can only make e bus changes per school year. Signature \_\_\_\_\_

## Getting Acquainted with your Child

Child's Name: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

Your Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Sibling (sisters & brothers):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**A WORD TO REMEMBER:** The answers that you provide in this questionnaire will assist us in getting to know your child better. This will also inform us of any concerns that you may have about your child. The Behavioral Concerns List at the bottom of the page will also assist us in identifying the concerns for your child.

1. Briefly describe your child: \_\_\_\_\_

\_\_\_\_\_

2. What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

## MLK HEALTH ASSESSMENTS

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

### LEAD

Even if your child has completed a lead test in the past; please consider the following questions. If you answer YES to more than 2 questions, you should have your child screened again.

1. Have you moved into a new home since your child's last lead screening?
2. Does the child live in a home or regularly visit a home or daycare center built before 1978 with peeling paint?
3. Does the child have a brother or sister, housemate or playmate being treated for lead poisoning?
4. Does the child live with an adult whose job or hobby involves exposure to lead?  
(Includes home repairs, auto repairs, furniture refinishing, firing ranges, casting lead fishing sinkers, and boat repairs)
5. Does the child play near a busy street, an active lead smelter, or other industry likely to release lead?
6. Does the family use imported or glazed ceramics for food preparation, storage or dinnerware?
7. Does the child have medical findings consistent with lead poisoning? (Learning difficulties, behavioral concerns, unable to potty train, nutrition and anemia problems)

### ASTHMA

1. In the past 12 months has your child had wheezing in the chest lasting more than one day?
2. Does your child often cough when sleeping? (night or naptime)
3. Does your child have coughing, wheezing or shortness of breath with running or physical activity?
4. Has your child been treated with medication for asthma?
5. Has the doctor or a health care provider ever said your child has asthma?
6. Does your child spend time around someone who smokes?



3. List your child's favorite play materials/activities:

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4. Does your child have special needs or behavioral concerns? (please list)

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5. Are there any specific phrases, statements, etc. that you use with your child that would be helpful in the classroom? Example: My child calls their grandmother Nana.

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The following statements describe potential problems that your child may be experiencing in the home. Read each statement carefully and check the statements that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Health problems           | understand   | can't sit still   |
| <input type="checkbox"/> Eating problems           | <input type="checkbox"/> Dependant and clingy              | <input type="checkbox"/> Seldom plays with other children |
| <input type="checkbox"/> Bowel or bladder problems | <input type="checkbox"/> Seldom shows initiative           | <input type="checkbox"/> Other:                           |
| <input type="checkbox"/> Sleep problems            | <input type="checkbox"/> Does not always mind well         |   |
| <input type="checkbox"/> Sight/hearing concerns    | <input type="checkbox"/> Can be clumsy at times            |   |
| <input type="checkbox"/> Easily distracted         | <input type="checkbox"/> Has tantrums or overly aggressive |   |
| <input type="checkbox"/> Very shy                  | <input type="checkbox"/> Very hyperactive;                 |   |
| <input type="checkbox"/> Speech difficult to       |  |   |

## MLKMS Family Demographics/CDBG Client Profile

1. Home Dwelling:

- House
- Apartment
- Duplex
- Mobile Home
- Townhouse

Bi-Racial (Please specify) \_\_\_\_\_

certificate

- Associates Degree
- Bachelor Degree
- Number of years attended college

2. Home Status

- Rent subsidized
- Rent unsubsidized
- Own Home
- Homeless

7. What is your age range?

- 15-19
- 20-25
- 26-30
- 31-40
- 41-50

12. Does your family have medical insurance?

- Yes
- No

3. How long have you lived at your current address:

- Under 1 year
- 1-4 years
- 5-9 years
- 10-15 years

8. How many children do you have in the below age group?

- Under 3
- 3-10
- 11-15
- 16-20

13. Primary language spoken in the household?

14. Has your child been diagnosed with special needs?

- Yes
- No

4. Are you head of household?

- Yes
- No

9. How many adults age 19 and older are living in the household? \_\_\_\_\_

10. What is your marital status?

- Single
- Married
- Separated
- Divorced
- Widowed

15. Was your child enrolled in First Steps?

- Yes
- No

5. Do you receive the following subsidy?

- TANF
- CANI vouchers
- Food Stamps

11. What is the highest level of education you have completed?

- Grade school (1-8)
- High school (9-12)
- High school graduate
- GED
- Training/Journeyman

16. Household Income:

- \$5,000-\$10,000
- \$11,000-\$13,000
- \$14,000-\$17,000
- \$18,000-\$20,000
- \$21,000-\$25,000
- \$26,000-\$30,000
- \$31,000-\$35,000
- \$35,000-\$45,000
- \$46,000-higher

6. Race:

- Black
- Hispanic
- White
- Asian
- Other: Please specify \_\_\_\_\_

**MARTIN LUTHER KING MONTESSORI SCHOOL, INC.**

**Family Contact Information**

SCHOOL YEAR \_\_\_\_\_

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

Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**FAMILY INFORMATION**

Adults that the child lives with:

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

Employer's \_\_\_\_\_ Working Hrs. \_\_\_\_\_

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

School/College Attending \_\_\_\_\_ Class Hrs. \_\_\_\_\_

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

Highest Level of Education Completed \_\_\_\_\_

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

Employer's \_\_\_\_\_ Working Hrs. \_\_\_\_\_

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

School/College Attending \_\_\_\_\_ Class Hrs. \_\_\_\_\_

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

Highest Level of Education Completed \_\_\_\_\_

Father or mother's name if not residing with the child and is legally responsible for the child:

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

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

**EMERGENCY CONTACT AND AUTHORIZATION FOR PICK-UP/ DROP-OFF**

Give three names of responsible persons who can be called to come for your child in case of illness or other emergencies and also be authorized for pick-up and drop-off if parents cannot be reached:

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

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

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

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

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

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



**DENIAL OF PICK-UP**

We will NOT release your child to anyone without prior parental verbal and/or written authorization. The following individuals are specifically DENIED permission to pick-up my child:

Name \_\_\_\_\_

Name \_\_\_\_\_

**DENIAL OF CONTACT/VISITATION**

We will not allow anyone to have visitation/contact with your child without parental authorization. The following individuals are specifically denied contact or visitation with my child: **if child's parent is listed we must have court documentation.**

Name \_\_\_\_\_

Name \_\_\_\_\_

**TRANSPORATION PERMISSION**

I, \_\_\_\_\_, give MLK permission to transport my child between home/daycare center/childcare provider and MLK School and to transport my child for field trips, screening and testing. I understand that my child will be seat belted and that the child staff ratio will be maintained. **I understand that there are bus rules and if my child misbehaves he/she can lose his/her bus riding privileges.**

**HEALTH EXAMINATION**

A health examination, including immunizations, is required before admission to MLK. One health examination is required during your child's attendance. However, immunizations must be kept up to date for re-entry each fall and throughout the year.

**MEDICAL NEEDS/ FOOD ALLERGIES**

Does your child have any special medical needs or food allergies? If so please state in detail:

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

Is your child on any medications? If so, please state: \_\_\_\_\_

Has this special need(s) been diagnosed by a licensed physician? \_\_\_\_\_



**NUTRITION PLAN**

Each student is provided daily with breakfast, lunch and an afternoon supplement. Students are encouraged to “try” everything. ALL FOOD ALLERGIES MUST BE DOCUMENTED AND SIGNED BY A LICENSED PHYSICIAN and parents must request and fill out an additional form available in the office.

If your child is not to eat a particular food for religious reasons, please see the office for an additional form.

**EMERGENCY MEDICAL AUTHORIZATION POLICIES**

I agree, and give consent by my signature that in case of an accident/injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately or as soon as possible, should I be available at the phone numbers given with the intake agreement. I understand that the doctor, dentist and hospital listed below will be contacted if there is an emergency involved with my child. For minor injuries, I consent for my child to be given first aid or CPR when needed.

\_\_\_\_\_

Date Parent/Guardian Signature

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

**ABSENTEEISM**

Excessive absenteeism (over 5 consecutive absences without a doctor’s excuse and/or not contacting the office) will warrant termination of services. Your child will be unenrolled from MLK and put onto the waitlist.

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

\_\_\_\_\_

**PARENT-TEACHER ORIENTATION/CONFERENCES**

Before students begin classes, parent must participate in an orientation with the teacher. All students are put on a 60-day probationary period from the date of their first day attending MLK. If your child changes classes, a meeting with the new teacher will be scheduled. Parent-teacher conferences are scheduled twice a year and are mandatory attendance. However, teachers are always available for ongoing communication and parents are always welcome to come in and observe our program. While in the classroom, cell phone use of any kind is not permitted.



Financial Agreement

Child Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**I agree to the following policies regarding tuition by checking off each statement and signing this agreement.**

- I understand that a non-refundable \$50 registration/supply fee is due at the start of each new school year must be paid in **FULL** before starting.
- A Re-enrollment fee of \$25.00 will be charged when a child is dropped from the program by the parent or MLKMS and re-enrolled at any time during the school year.
- I understand that the tuition charged is based on a weekly **FLAT RATE** of \$199 per week. I understand that I am responsible for paying \$199.00 per week for my child's tuition, whether my child is in school or not. **It is not subject to adjustment due to illness, vacation, or other absence from the school.**
- I understand that I am responsible for paying my tuition and/or swiping EVERY week. Swiping MUST be completed EVERY Friday by 5:45 p.m.
  - > **If swiping/payment is not received, school and bus services will be suspended Monday morning until payment/swiping is completed.**
- I understand that any payment/co-payment is due each week. If my tuition becomes two weeks delinquent, I understand my child will not be allowed to attend until the tuition is current. At the end of 2 weeks, if the tuition is not current my child's space will be given to someone else.
- I understand that if my check is returned for any reason, a \$30.00 charge will be assessed to my account and that cash, money order or cashier's checks are the only forms of payment accepted after a check has been returned.
- I understand that if I choose to withdraw my child from MLKMS, a written two week notice must be given to the office. If notice is not given, I understand I will be charged the additional tuition to complete my two weeks obligation.
- I have 30 days to pay any account balance in full after termination of care before being sent to collections.
- If collection of my tuition by a collection agency becomes necessary, I am liable for delinquent tuition, late fees, collection costs, court costs, and reasonable attorney fees.
- I am the parent or legal guardian to the above child/children. I accept full responsibility for payment for the above child/children. I have read and understand the above policies and procedures and understand they are to be followed at all times.

---

Parent Signature

Date



## **MLK Montessori School**

### **Sick Child Policy**

***By signing below you agree to abide by the following sick child policy at all times***

- I understand that Martin Luther King Jr School does not provide ill child care.
- I understand that if my child is deemed too ill to be in care he/she will be expected to be picked up ½ hour of calling the parents.
- Any child with a temperature of 100.1 or higher will be kept home or picked up from the school. The child will be kept home from school until he/she is fever free for a minimum of 24 hours without the use of fever reducing medication.
- Any child who had vomited in the past 24 hours will be kept home until the child can go at least 24 hours without vomiting with the use of medication.
- A child with diarrhea will be picked up or kept home until he/she is symptom free without the use of medication for 24 hours
- If a child is too ill to participate in the regular routine of the school he/she will be kept home or picked up and will not return for a minimum of 24 hours.
- If a child has a contagious illness he/she will be kept out of care until they are cleared by a physician.
- I understand that MLK Montessori School reserves the right to ask that any child they feel is too ill to be at school be kept home or picked up for a minimum of 24 hours.

Please see the Parent Handbook for the complete Sick child policy and Communicable Disease chart that MLK Montessori uses to determine a child's eligibility to return to school

I understand this policy is written for the best interest of all children in the care of MLK Montessori School.

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Parent Signature

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Date





# LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here



# LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for **MLK Montessori School** to report the name and date of birth of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

*name of licensed child care program*

Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)

Signature of parent, guardian, or custodian	Date signed (month, day, year)
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# CONSENT FORM

Please Print All Information

**\* Do not complete form if child is currently under care of an eye doctor\***

Child's Name: \_\_\_\_\_  
                             First                            Middle Initial                            Last

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

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Dear Parent/Guardian:

PASS \_\_\_\_\_

REFER \_\_\_\_\_

If it is a referral, attach label here if refraction is obtained.

The local Indiana Lions Clubs in your community will offer free eye screening to your child. The screening may pick up the presence of eye disorders including farsightedness and nearsightedness, astigmatism, strabismus (misaligned eyes), anisometropia (unequal prescriptions) and media opacities (i.e. cataracts). No physical contact is made with your child and no eye drops or medications are used.

I, the undersigned, hereby give permission for my child to participate in the eye screening event. I understand the following regarding this program:

1. The information obtained from this vision screening is preliminary only, and does not constitute a formal eye exam. Not all vision problems will be detected by the vision screening process.
2. There is no charge to participate in the vision screening process.
3. I will not hold the Indiana Lions Eye Bank, Inc., the Lions Club organizations, their sponsors or Operation KidSight accountable for any errors of commission, omission or other inaccuracies of the reported screening results.
4. This form and your child's screening results will be forward to Operation KidSight for review.
5. If my child fails the eye screening, he/she will be referred to an eye care specialist and I will receive a "Parent-To-Do Packet" along with the results of the screening. I understand that I am responsible for arranging a full eye exam if my child has been referred as a result of the vision screening.
6. You are giving consent for the employees and volunteers of Operation KidSight to: (1) Record and store the results of your child's eye screening in a computer database; (2) Contact you with the results of the eye screening; (3) Contact your eye care doctor with the results of the eye screening; (4) If your child is a participant in a county Head Start or Community Action Program, to release the results of the screening to the manager of the Head Start/Community Action Program to assist in follow-up; and (5) If your child fails the eye screening, you are also giving consent for your eye care doctor to share the results off your follow-up comprehensive eye examination with Dr. Daniel Neely, Operation KidSight Medical Director, and the staff of Operation KidSight who will enter that information into the computer database. All information you or your eye care doctor give to Operation KidSight will be kept confidential. Any information that could identify your child or family will not be used without your permission.

**X** Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian will be notified in the event the results of this screening indicate the child is at risk for an ocular problem. Initial here to OPT OUT OF FOLLOW UP CALL OR E-MAIL. **\*If your child participates in a Head Start/Community Action Program, we are required to follow up and this option is not available to you.\***

### OFFICE USE ONLY

The result of your child's vision screening is as follows:

\_\_\_\_\_ Pass We are unable to detect a vision problem at this time. The screening is not a substitute for a complete eye exam. Consult your eye care professional if you suspect a vision problem.

\_\_\_\_\_ Refer Your child should be examined because he or she may have the following condition that has the potential to cause poor vision in one or both eyes. Please take your child to see an ophthalmologist or optometrist in your area. **If you have any questions about your results please call Operation KidSight at (317) 220-8486**

- \_\_\_\_\_ Strabismus (Crossed or misaligned eyes)
- \_\_\_\_\_ Anisometropia (Difference in need for glasses between eyes; can cause poor vision in one eye)
- \_\_\_\_\_ Astigmatism (Results from unequal focusing of light rays as they enter the eye, causing a blurring of objects)
- \_\_\_\_\_ High Farsightedness (Can contribute to eye crossing)
- \_\_\_\_\_ High Myopia (Severe near vision)
- \_\_\_\_\_ Anisocoria (Inequality in size of pupils)
- \_\_\_\_\_ Automatic referral when child is cooperative and no refraction obtained



**Exhibit A**  
**Authorization for Treatment**

1. I, \_\_\_\_\_, (or \_\_\_\_\_ acting on their behalf) ("**Student**"), am asking to receive speech and pathology services to assist with difficulties associated with Autism, Cerebral Palsy, or another similar impairments ("**Services**").

2. A Speech Language Pathologist has evaluated the Student and determined it is the best interest of the Student to receive the Services.

3. I understand that I will receive the Services and that a change in conditions may necessitate changing the treatment provided or terminating treatment all together. I authorize modifications to the Services in the professional judgment of the Child's Play Plus Speech Language Pathologist or other employees (collectively the "**Provider**") as needed to facilitate the treatment of the Student.

4. I understand the Services will be provided to me by the Provider. I further acknowledge that the Providers caring for me are independent healthcare providers and not employees of the Martin Luther King Montessori School

5. I hereby authorize the Provider to perform medical treatment and those procedures, which are necessary and appropriate.

By signing this request form, I am indicating I understand the contents of this document, agree to its provisions and consent to the Services during my treatment. I know if I have concerns or would like more detailed information, I can ask more questions and get more information from the Provider. I am also acknowledging I know that speech and pathology services is not an exact science and that no guarantees about the outcome of this treatment have been made. I fully understand what I am now signing is of my own free will.

Student or Person Authorized to Consent for Student Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_







**MLK Montessori School Photo Consent Form**

I hereby give MLK Montessori School and its affiliates permission to use photographs of my child for educational and promotional purposes including but not limited to newsletters, flyers, posters, brochures, advertisements, fundraising letters and requests, annual reports, websites, social networking sites, and other print and digital communications. I understand that no royalty, fee, or other compensation shall be payable to me by reason of such use.

4

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth





# MLK

Montessori School

During the school year your child's class may have several field trips. In place of having one permission slip for each trip, we are providing this blanket permission slip to cover all field trips. Notices describing each individual trip will be sent home prior to each field trip. If there is a specific trip you do not wish your child to participate in you may notify the director and/or teacher at that time.

Please fill out and sign the form below.

I give my child \_\_\_\_\_ permission to go on field trips with MLK Montessori School.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Martin Luther King Montessori School  
Parent Handbook  
Signature Page

I, \_\_\_\_\_, have been given a copy of the Martin Luther King Montessori School Parent Handbook. **I understand that I am responsible for all information contained in the handbook.** I agree to abide by the policies stated in the Parent Handbook for the entire time my child is enrolled at MLK Montessori School.

---

Parent Signature:

Date:

---

Child(ren) Name(s):



EVENT FILMED/PHOTOGRAPHED: \_\_\_\_\_  
DATE OF EVENT: \_\_\_\_\_

**RELEASE**

**All minor children must have a Release signed on their behalf by their parent or Legal Guardian.**

I, \_\_\_\_\_, hereby agree as follows:

1. I the, (guardian, parent), on behalf of the minor child(ren) included below, give and grant for unlimited usage in perpetuity to PNC Bank, National Association, the PNC Foundation and their affiliates, as well as their respective agents, contractors, licensees, successors and assignees (herein collectively called the "Licensed Parties"), the right to record, use, copy, and publish my child(ren)'s name and other identifying information about my child(ren) (age, state of residence, first name), picture, portrait, voice, statements made by my child(ren), pictures of original creative content made by my child(ren) and his/her/their likeness(es) in unlimited universal media, whether print or electronic, including, without limitation, PNC webpages and PNC's social media properties. I further acknowledge and agree as follows:

**MY COMPENSATION:** (Includes usage fees and agents' fees if applicable.)

\$ 0.00

2. I agree that all images, photographs and/or video and/or voice recordings "Media" of my child(ren) used or taken by the Licensed Parties are owned by them and that they may copyright material containing the same. If I should receive any print, negative or other copy thereof, I will not authorize its use by anyone else.
3. I agree that no materials will be submitted to me for any further approval and the Licensed Parties shall be without liability to me for any use, distortion or illusionary effect resulting from the recording, use, copying, or publication of my child(ren)'s name, voice, picture, portrait, likeness, statements, creative works or identifying information.
4. Nothing herein will constitute any obligation on the Licensed Parties to make any use of any of the rights set forth herein.

**Signature of Parent or Guardian is required if Minor Child Under Age of 18:**

Child's Full Name Printed: \_\_\_\_\_

- Please print the name of additional children in the spaces below.

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_





Communicable disease guideline chart for child care providers 2017

Disease & Incubation	Signs/Symptoms	How Transmitted	When Communicable	Restrictions	Control Measures
<b>Cytomegalovirus</b>	Fever, sore throat	Fecal-oral, contact with urine, oral and nasal secretions. Up to 70% of children are infected between ages 1-3.	3 to 8 weeks after exposure	None	Strict hand washing procedures after diapering and toileting. Female employees of child bearing age should be referred to their primary care provider or health department for counseling about their risk of CMV infection.
<b>Chicken Pox (Varicella)</b>	Fever, skin eruption with blister like lesions	Airborne or direct contact w/vesicle fluid. Contact with shingles lesion (direct or indirect)	1-2 days before outbreak, till blisters dry	Until all the blisters have dried.	Vaccination and isolation of sick individuals. Shingles vaccine for staff as recommended by their health care provider.
<b>Diarrheal Diseases: (Varies) Salmellosis Shigellosis Giardiasis Rotaviral Enteritis E Coll 0157:H7 Cryptosporidiosis Campylobacteriosis</b> Varies from 6-14 hrs	Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific cause.	Fecal-oral route, through contaminated articles, food/beverages and hands.	Throughout acute infection and as long as organisms are in stool.	Exclude until diarrhea is gone for 24 hours and 2 negative stool cultures or as advised by local health department and physicians.	Proper handwashing, sanitize all contaminated articles and equipment. Keep diapering and food service tasks and items separate. Notify parents. Check with health consultant for specifics. Notify local health department when clusters of cases occur.
<b>Head Lice (Pediculosis)</b> Eggs hatch in 7 days/1 week (can multiply in 8-10 days, lives 20-30 days).	Severe itching; small lice eggs closer than 1/8" to nits on hair. Bumpy rash on nape of neck, behind ears and/or crown of head may appear after persistent infestation.	Direct contact with live lice infested individual or their clothing, article to article contact, i.e. coats, blankets and hats.	As long as live lice remain on an infested person, or until eggs are 1/4" away from scalp.	Until after child is treated and others in the household evaluated. Do not exclude for the presence of nits only.	Vacuum to get rid of lice in environment. Wash all clothing and bedding in hot soapy water for 20 minutes. Notify parents. Keep all children's personal items and clothing separate.
<b>Scabies</b> 2-6 weeks-initial exposure 1-4 days-Re-exposure	Mite burrows under skin. Red, itchy rash tends to be in lines or burrows usually on wrists, elbow creases or between fingers.	Skin to skin contact. Shared clothing.	Until mites are destroyed	Exclude for 24 hours after initial treatment completed.	Notify parents. Wash all clothing and bedding in hot soapy water for 20 minutes. Keep all children's personal items and clothing separate.
<b>Impetigo</b> 4-10 days Staphylococcus Streptococcus 1-3 days	Blisters, crusts, scabs on skin which are flat and yellow may be weeping.	Direct contact with infected area or with nasal discharges from infected child.	When weeping, crusted lesions are present.	Exclude until on antibiotic Rx for 24 hrs. and lesion can be covered.	Child and staff wash hands frequently throughout day. Notify parent. Wear disposable gloves when treating. Cover draining lesions with dressing.
<b>Measles (Rubeola)</b>	Fever, cough, red eyes, photosensitivity, spots on tongue and mouth, blotchy rash 3 <sup>rd</sup> and 7 <sup>th</sup> day, lasting 4 to 7 days	Droplet and direct contact with nasal or throat secretions.	7-18 days from exposure	From time of initial fever till 4 days after rash appears.	Hand washing after contact with secretions and vaccination. Exclude exposed, unvaccinated children until local health department approves return.
<b>Pertussis</b>	Irritating cough can last 1-2 months-Often has a typical "whoop"	Direct contact with oral or nasal secretions	6-20 days	5 Full days after antibiotics	Hand washing after handling secretions. Covering mouth during coughing; then hand washing. Staff vaccination.
<b>Pinkeye (Conjunctivitis)</b> Bacterial: 24-72 hrs. Viral: Usually 12-72 hrs. (3 days) Irritant: immediate watering	Tearing, swollen eyelids, redness of eyes, purulent discharge from eyes.	Contact with discharges from eye, nose or mouth. Contaminated fingers and shared articles.	During active symptoms and while drainage persists. Dependent upon cause of the infection.	No need to exclude unless condition interferes with participation or care of others. Most cases viral, no medication.	Notify parents. Diligent handwashing by staff and children. Contact health consultant/health department if more than two cases at once. Children with prolonged symptoms should be evaluated by their medical provider.
<b>Rubella (3 day measles or German measles)</b>	Low grade fever, headache, mild redness of eyes, fine rash	Contact with nasal and throat secretions.	14-23 days	7 days from onset.	Vaccination and strict hand washing procedures. Exclude exposed, unvaccinated children until local health department approves return.
<b>Strep Throat/Scarlet Fever</b> 1-3 days (rarely longer)	Red, painful throat, fever. May develop rash (Scarlet Fever).	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.	2 days before symptoms until on antibiotic Rx for 24-48 hrs. Untreated cases 10-21 days.	Exclude until on antibiotic Rx for 24 hr. (Must be treated for 10 days).	Notify parents. Sanitize all articles use by child. Proper handwashing. Notify local health department when cluster of cases of the symptoms, sore throat and fever occur.
<b>Ringworm (Varies by site)</b> Mainly: 4-10 days	Red Scaling, itchy, circular lesions and broken hairs from skin/head	Direct contact with infected humans or animals, skin to skin contact or with contaminated articles	As long as lesions/infection is active. Some lesions may not be seen with the human eye.	If on Rx, may return; otherwise exclude unless lesions can be covered, clothing is acceptable.	Wash all items used by infected child, cover lesions, proper handwashing; notify parents
<b>Fifth Disease</b> 4-20 days 4-14 days; up to 21 days	Mild or no fever, "slapped cheek" rash spreading throughout body, lacy rash on arms on legs; rash may recur with sunlight, warm bath or exercise.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles	Prior to onset of rash; Not communicable after onset of rash. During the week prior to the rash appearance	No need to exclude unless condition interferes with participation or care of others	Wash hands frequently; sanitize all articles used by children. Pregnant women should tell health care provider if they have been in contact with an infected person.
<b>Meningitis</b> Bacterial: 1-10 days (usually less than 4 days) Viral: Varies	Fever, headache, vomiting, chills, neck pain or stiffness, muscle spasms, irritability.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles, or fecal-oral route depending upon organism involved	Bacterial-Non-communicable 24 hrs. after starting antibiotic Rx.  Viral-Prolonged period	Exclude, return with Dr.'s permission and condition does not interfere with participation or care of others.	Notify parents and local health department. Clean and sanitize all articles; proper handwashing

Communicable disease guideline chart for child care providers 2017

<b>Disease &amp; incubation</b>	<b>Signs/symptoms</b>	<b>How transmitted</b>	<b>When communicable</b>	<b>Restrictions</b>	<b>Control measures</b>
<b>Hepatitis A</b> 15-50 days. Average 25-30 days	Upset stomach, tired, dark colored urine, light colored stool, yellowish skin & eyes, fever, jaundice (often jaundice not present in children under 5 years), abdominal pain and diarrhea.	Fecal-oral route, through contaminated articles, food/beverages & hands.	Two weeks prior to jaundice until 1 week after jaundice (yellow) appears. If no jaundice one week prior until 2 weeks after symptoms	Exclusion until 1 week after diagnosis as long as stool is contained in diaper, or child has no accidents or no more than 2 stools over normal, and all contacts have received vaccine or immune globulin	Proper handwashing; sanitize all contaminated articles & equipment. Notify parents and local health department. (Immune Globulin or vaccination for all contacts should be considered)
<b>Hand, Foot &amp; Mouth (Coxsackie Virus)</b> Up to 6 days, usually 3-6 days.	Small blisters with reddened base primarily on hands, feet, mouth, tongue, buttocks or throat	Direct contact with nose or oral secretions and with feces	During acute stage of illness (virus may stay in stools for several weeks)	Exclude if the child does not have control of oral secretions (saliva) or condition interferes with participation or care of others.	Proper handwashing, don't share cups, glasses, etc., sanitize all contaminated articles.
<b>Roseola</b> 9-10 days	Fever, runny nose, irritability, followed by rash on trunk. Child often feels fine once rash appears.	Via saliva from a healthy adult (children under 4 may be susceptible, usually only children under 2)	Uncertain	Exclude only if condition interferes with participation or care of others.	Notify parents, proper handwashing
<b>RSV (Respiratory Syncytial Virus)</b> 1-10 days	Fever, runny nose, cough, and sometimes wheezing. May exhibit rapid or labored breathing with cyanotic (blue) episodes,	Virus spread from resp. secretion (sneezing, coughing) through close contact with infected persons or contaminated surfaces or objects.	Just prior to symptoms and when febrile	Exclude only if condition interferes with participation (rapid or labored breathing, or cyanotic episodes) or care of others.	Frequent and proper handwashing, sanitize all contaminated articles. Do not share items such as cups, glasses and utensils. Proper disposal of tissue when used for nasal and respiratory secretions.

See [www.cfoc.nrckids.org](http://www.cfoc.nrckids.org) section 3.6.1.1: Inclusion/Exclusion/Dismissal of Children for information on when to exclude children for illness and section 3.6.1.2: for Staff Exclusion for Illness.

See [www.cfoc.nrckids.org](http://www.cfoc.nrckids.org) section 7.6.3.1: Attendance of Children with HIV (same information applies to children with Hepatitis B or C).

**References:**

Red Book®. 2015 Report of the Committee on Infectious Diseases 30<sup>th</sup> ed. American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007-1098

Caring for Our Children 3<sup>rd</sup> ed. [www.cfoc.nrckids.org](http://www.cfoc.nrckids.org)

Indiana State Department of Health Communicable Disease Reference Guide for Schools  
[http://www.in.gov/isdh/files/Communicable\\_Disease\\_Reference\\_Guide\\_for\\_Schools\\_2015\\_Edition\\_Final\\_July28\\_2015docx--ppedits.pdf](http://www.in.gov/isdh/files/Communicable_Disease_Reference_Guide_for_Schools_2015_Edition_Final_July28_2015docx--ppedits.pdf)

## CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care center.

### Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

### [Contact Information].

#### Step 1:

List everyone from your household attending the day care. Use one line for each person's name. Write one letter in each box. Stop if you run out of space. If there are more than five people, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

#### Step 2:

For Childcare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

For Adult Daycare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI), or Medicaid benefits.

Do any household members, including you, currently receive these benefits? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

#### Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write *0* in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list the adults in your household, including you, even if each of you doesn't receive income. Include adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write *0* in the box if there is no income to report.



CACFP Meal Benefit Income Eligibility Form  
Letter to Household (Non-Pricing Centers)

[Date]

Dear Households:

[Name of Center] offers healthy meals and snacks to everyone in care as part of the Child and Adult Care Food Program (CACFP). [Name of Center] receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2022 - June 30, 2023		
Household size	Yearly Income	Monthly Income
1	25,142	2,096
2	33,874	2,823
3	42,606	3,551
4	51,338	4,279
5	60,070	5,006

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support [Name of Center] receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please submit the completed form to:

[Name, Address, Email Address]

Thank you for taking the time to fill out the form.

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact [Name] at [Phone Number] or [Email Address].

Sincerely,

*Signature*

[Name  
Title]

*This institution is an equal opportunity provider.*



Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

**Points to Remember:**

If:	Then:
<b>Your income isn't always the same</b>	<b>List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.</b>
<b>Your household includes members who aren't citizens</b>	<b>Participants don't have to be U.S. citizens to qualify for meal benefits.</b>
<b>You are in the military</b>	<b>Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count any pay that is provided to your household as income.</b>

**Step 4:**

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

**Optional:** We ask about the participants' ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability





# CACFP Meal Benefit Income Eligibility

Complete one application per household. Please use a pen (not a pencil).

## APPLY ONLINE:

Insert URL Here

### STEP 1 List ALL children or adults in day care (if more spaces are required for additional names, attach another sheet of paper)

Participant's First Name	MI	Participant's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.  
Children in Head Start are eligible for free meals if an approved head start application or statement of enrollment is attached.

### STEP 2 List the following assistance programs any household member participates in - for child care: SNAP, TANF, or FDPIR, or for adult daycare: SNAP, FDPIR, SSI, or Medicaid

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: \_\_\_\_\_

Write only one case number in this space.

### STEP 3 Report income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**Are you unsure what income to include here?** Flip the page and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with All Adult Household Members section.  
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all child Household Members listed in STEP 1 here.

Child Income \$ \_\_\_\_\_

**B. All Other Household Members (Including yourself)**  
List all adult Household Members (including yourself) as well as any children not listed in STEP 1 even if they do not receive income. For each person listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars. If they do not receive income from any source, you must write '0' - do not leave blank. If you enter '0' - you are certifying that there is no income.

Name of Household Members (First and last)	Earnings from Work			Welfare/Child Support/Alimony			Pensions/Retirement/ Social Security/SSI/ VA Benefits			How often?		
	Weekly	Bi-Weekly	Monthly/Annually	Weekly	Bi-Weekly	Monthly/Annually	Weekly	Bi-Weekly	Monthly/Annually	Weekly	Bi-Weekly	Monthly/Annually
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

Check if no SSN

### STEP 4 Contact information and adult signature. SUBMIT COMPLETED FORM TO THE DAY CARE AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature of Adult \_\_\_\_\_ Phone/Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

Source of Income for Children	
<b>Sources of Child Income</b>	<b>Examples</b>
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member regularly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
<b>Earnings from Work</b>	<b>Public Assistance/Alimony/Child Support</b>	<b>Pensions/Retirement/All other sources of income</b>
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**OPTIONAL Participant's Ethnic and Racial Identities (Optional)**

We are required to ask for information about the participant's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect eligibility for receiving meals during care.

**Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**MAIL:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**FAX:** (202) 690-7442; or  
**EMAIL:** [program.inhake@usda.gov](mailto:program.inhake@usda.gov)

*This institution is an equal opportunity provider.*

**\*Only use this address if you are filing a complaint of discrimination.**

**DO NOT FILL OUT Sponsor use only - The Determining Official's dated signature is required**

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Monthly x 12 (required if earnings are in more than one frequency type)

Total Income

How often?  Weekly  Bi-Weekly  Monthly  Annually

Household size

Eligibility  Free  Reduced  Paid  Tier I  Tier II

Categorical Eligibility

Determining Official's Signature (required)  Date (required)

2nd Official's Signature  Date

3rd Official's Signature  Date

Use this space for income calculations:



**MLK**  
Montessori School

## **Supply List**

**\*Please bring the first week of school**

### **Preschool**

- Paper Towels
- 3 containers of Clorox Wipes
- 3 boxes of tissue
- (2) 1 subject notebooks
- Travel size pillow and small blanket (for nap time)
- Weather appropriate change of clothes

### **Kindergarten/Advanced 5 year olds**

- Paper Towels
- 3 containers of Clorox Wipes
- 3 boxes of Tissues
- (2) 1 subject notebooks
- (2) poly envelopes
- Weather appropriate change of clothes





## Preschool Age Rates:

### **Non-Refundable Registration Fee**

\$50.00 per child per school year

*To be paid by Sept 30th*

### **Non-Refundable Bus Fee**

(If you are using the bus.)

*To be paid by September 30th*

Tuition is \$199.00 per week

### **Graduation Fee:**

*For children turning 4 on or before Aug 1*

\$40.00 per graduate

*To be paid by Mar 1st*

## School Age Rates:

### **Non-Refundable Registration Fee**

\$50.00 per child per school year

*To be paid by Sept 30th*

### **Non-Refundable Bus Fee**

(If you are using the bus.)

*To be paid by September 30th*

Tuition is \$188.00 per week

### **Graduation Fee:**

*For children turning 4 on or before Aug 1*

\$40.00 per graduate

*To be paid by Mar 1st*

Scholarships are available upon approval and availability.

Scholarship rates are \$100.00 per week.

- Volunteer time is required with every scholarship awarded.
  
- We accept CCDF and On My Way PreK childcare vouchers which can assist with the cost of tuition.





**MLK**  
Montessori School

**Scholarship Form**

**Date of application:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Gross Monthly income:** \_\_\_\_\_

**Number of members in household where child resides:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**College/university/trade school:** \_\_\_\_\_

**Please indicate other assistance you are receiving:**

**TANF** \_\_\_\_\_ **WIC** \_\_\_\_\_ **Food Stamps** \_\_\_\_\_ **Free/reduced school lunch** \_\_\_\_\_

**Please initial that you have read the following statements:**

\_\_\_\_ **Receiving this scholarship obligates you to donate 25 volunteer hours before Christmas and 35 hours after Christmas, which may include attendance at monthly Parent Advisory Committee meetings, Parent enrichment activities and other activities such as: field trip chaperone and classroom parent.**

\_\_\_\_ **MLK Montessori School will review your volunteer hour quarterly to ensure your compliance.**

\_\_\_\_ **If you do not complete your 25 hours before Christmas, you will lose your scholarship and your tuition will be \$199 per week and you will be placed on the waiting list for the partial scholarship. Opportunities for donating time:**

**Classroom assistant** \_\_\_\_\_ **Seasonal Cleaning** \_\_\_\_\_

**Field trip chaperone** \_\_\_\_\_ **Fund raising activity** \_\_\_\_\_

**Seasonal activities** \_\_\_\_\_ **Sharing your skills in the classroom (sewing, drawing, woodworking etc..)** \_\_\_\_\_

**Please write a brief statement why you are requesting scholarship dollars** \_\_\_\_\_

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

**Please list anyone other than yourself that may be helping you complete your hours:**

_____	_____
_____	_____
_____	_____

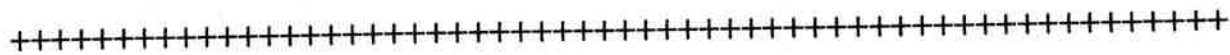
**Are you willing to complete tasks at home to help you earn hours? Yes \_\_\_ No \_\_\_**

**Are you willing to be on the Parent Advisory committee? Yes \_\_\_ No \_\_\_**

**Are you willing to help during planned events for the school? Yes \_\_\_ No \_\_\_**

\_\_\_\_\_  
Parent/Guardian Signature Date

**By signing above indicates you agree with the stated terms for volunteering.**



**For Office Use Only**

**This application is approved for scholarship. Approved amount: \$ \_\_\_\_\_**

**Comments:**

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



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

**This application is not approved for scholarship dollars. Comments:**

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

**Scholarship beginning date:** \_\_\_\_\_ **Scholarship ending date:** \_\_\_\_\_

**Signature of committee members that reviewed this application:**

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

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

\_\_\_\_\_  
**MLK Administrative Staff**

\_\_\_\_\_  
**Date**



## IMPORTANT NAMES AND NUMBERS

NAME OF SCHOOL: MLK MONTESSORI SCHOOL  
ADDRESS OF CENTER: 6001 SOUTH ANTHONY BLVD  
FORT WAYNE, IN 46816

TELEPHONE NUMBER: 260-423-4333  
FAX NUMBER: 260-426-2366

WEBSITE: [WWW.MLKDREAMSCHOOL.ORG](http://WWW.MLKDREAMSCHOOL.ORG)

CHILD CARE LICENSE # 11000090

MLK BOARD PRESIDENT: ANDREA KENDALL  
[ANDREA.L.KENDALL@CHASE.COM](mailto:ANDREA.L.KENDALL@CHASE.COM)

DIRECTOR: GRETA MCKINNEY  
[GMCKINNEY@MLKDREAMSCHOOL.ORG](mailto:GMCKINNEY@MLKDREAMSCHOOL.ORG)

EXECUTIVE ASSISTANT: JESSICA KATSONGA-PHIRI  
[JPHIRI@MLKDREAMSCHOOL.ORG](mailto:JPHIRI@MLKDREAMSCHOOL.ORG)



# Parent Handbook

## From the MLK Montessori School Board of Directors...

Dear MLK Montessori School Families/Guardians:

Welcome to the Martin Luther King Montessori School ("MLKMS")! It is our distinct pleasure and honor to have your child enrolled in our school. Please take time to read this family handbook carefully. It is so very important that you as a family clearly understand the school's policies and procedures. With your help, the MLKMS staff will guide your child to gain the tools s/he needs to be successful in school and in life. MLKMS is a Montessori full day, year-round preschool that prepares three-, four-, and five-year-old children by utilizing the teaching methods and philosophy of Dr. Maria Montessori, who believed that:

*"The education of a small child does not aim at preparing him/her for school but for life."*

MLKMS provides equal opportunity in all aspects of enrollment and equal education to all students without regard to race, religion, color, sex, gender, national origin, ancestry, physical or mental disability, genetic information, medical condition, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. MLKMS is a unique program. Not only does it educate the child, but the entire family component. Through community funding, MLK Montessori School provides Family Enrichment meetings, speech and language supports, and offers referrals to other community social service agencies in the areas of literacy, housing, employment, food and education.

We look forward to your active participation in our program!!

Sincerely,

### 2020-2021 Board of Directors

Andrea Kendall, President  
Lon Bohnke, Vice President  
Frank Gomes, Treasurer  
Constance Scott  
Carrie Fisher  
Paul Ricketts  
Denise Jordan  
Greta McKinney, Executive Director

## 2022-2023 School Year

### Important Dates :

August 8,9, 10 Parent Orientation  
August 15: First Day of School  
September 5: Labor Day **NO SCHOOL**  
September 9: **NO SCHOOL** Staff Development  
September 16: Back to school night  
October 14: **NO SCHOOL** Staff Development  
Oct 20 and 21: Pictures with Lifetouch  
Oct 31: Trunk or Treat  
November 3: Parent/Teacher 4-6pm  
November 4: **NO SCHOOL**  
Parent/Teacher  
Conferences 9-3pm  
November 23rd: Family Feast  
November 24/25: **Thanksgiving break**  
Dec 6: Bishop/Dwenger Christmas party  
Dec 19: Christmas Caroling  
Dec 20: Christmas Caroling  
Dec 21: Christmas Caroling  
Dec 22-Jan 8: **NO SCHOOL**  
Jan 9: Back to School  
Jan 14th: MLK Day at Chase Bank  
Jan 16th: **MLK DAY NO SCHOOL**  
Jan 17th: Rosa Parks Bus Tour  
Feb 3: **NO SCHOOL** staff dev't day  
Feb 26-March 4: Montessori Education Week  
March 1: Wear Red for Montessori/ Donuts with Dads  
April 3-7: **NO SCHOOL** Spring Break  
April 14: Goodies with Grandparents  
May 4th: Parent/Teacher Conf 4-6pm  
May 5th: **NO SCHOOL** Parent/Teacher Conf 9-3am  
May 12th: Muffins for Moms  
May 26th: Last day of school/ **Graduation**  
May 29th-June 3rd: **NO SCHOOL**  
June 12th: STEM CAMP begins  
June 21st: STEM CAMP ends  
July 24-28: **NO SCHOOL**  
July 31-Aug 4: Staff Dev't  
Aug 7-11: Parent Orientation Week  
Aug 14: School Starts

## **MLKMS Grievance Procedure**

The following procedures are to be followed in case of a family complaint:

1. Director will contact parties involved in complaint and gather pertinent information.
2. Meeting set with family member(s), appropriate staff, and director to discuss concerns and set goals for resolving issues.
3. Director will make decision and persons involved will be notified in writing of decision.

\*MLK follows the Child and Adult Food Care Program Civil Rights complaint protocol. The Grievance Policy is reviewed at Intake and/or Orientation with all parents. The program Grievance form will be made available upon request.

## **Mission Statement**

To provide a Montessori education to preschool children that enriches every child's growth, development and dreams.

### **Guiding Principles**

At MLKMS, your child leads the learning. Teachers eagerly guide each child to facilitate their learning in a Montessori setting.

At MLKMS your child will be provided with opportunities for independence, self-discovery and active learning. Respect, kindness and courtesy will be developed within an organized Montessori environment.

At MLKMS, we lay the groundwork for your child to succeed in school and become a productive adult.

At MLKMS, families are encouraged to participate! A strong connection between home and school is important for building trust and security between every child and their community.

# Philosophy and Admissions Policy

## MONTESSORI PHILOSOPHY

Montessori is an approach to education with the basic belief that children learn best within a social environment that supports and respects their individual development. The main goal of a Montessori program is to help each child reach full potential in all areas including physical, emotional, social, cognitive, and the arts. Respect for each other and the environment are also core beliefs of Montessori.

Montessori classrooms are multi-age, so that more experienced children share what they have learned, while reinforcing their own learning. Children remain with the same teacher during their time in school, which creates a family-like atmosphere.

In Montessori classrooms, teachers are facilitators of learning. They set-up the classroom environments and act as role model, guide, demonstrator, observer and recorder of each child's growth and development.

Partnerships with families are a key part of Montessori education. Families know their children better than anyone and participation in school is considered to be a central part of their child's total development.

## Other Ways Family Members Can Help Out:

- **Lunch Person:** A person who could come in at lunch time and help supervise the children.
- **Materials Repairer:** A person who could take things that are broken and fix them.
- **Recycling Person:** A person who would pick up all the recyclable items from classrooms and deposit them where they belong.
- **Paper Cutter:** A parent/guardian who likes to use a paper cutter and would cut the metal insert paper, name tracing papers, ½ sheets and ¼ sheets. An ongoing task!
- **Push Punch Tracer:** *A person who would cut the construction paper*

### Scholarship Recipients Criteria:

Upon receiving notification of scholarship award:

- 10 hours of volunteer time is required within the first 30 days of the school year
- A total of 45 volunteer hours are required by Christmas Break
- A total of 90 volunteer hours are required by the end of the school year.

\*If requirements are not met it will result in a loss of scholarship and full payment will be expected.

## ADMISSIONS

MLK Montessori School is staffed and equipped to provide care for children who are at a state of growth and development which enables them to benefit from our program. MLK Montessori School does not discriminate on the basis of race, color, religion, sex, national origin or disability. MLK Montessori School is licensed through the Bureau of Child Care through the state of Indiana. It is a state-licensing requirement that prior to enrollment each child who attends a center must have a physical examination, including immunizations, and have the proper registration papers on file.

## INCLUSION POLICY

MLK Montessori School is designed to be inclusive of all children. Licensed staff persons are aware of identified/diagnosed special needs and are trained to follow through on specific intervention plans. Individualized Education Plans (IEP), as required by the Individual Disabilities Act, are developed and implemented in an appropriate manner such as making professional referrals when necessary. Referrals include but are not limited to individualized/family counseling, assessment(s) via the school and/or agencies specialized in the care of children with behavioral and/or learning disabilities. MLKMS will cooperate with other agencies or persons that provide services to any child to ensure continuity and consistency in the efforts to assist the child.

## Family Involvement

Martin Luther King Montessori School believes family involvement to be a vital part of a successful program for you and your child. There are numerous opportunities to become involved. Volunteering at MLKMS provides the opportunity to gain new skills, enhance skills you already have, gain valuable work experience, and share your talents with others.

**Parent Advisory Committee (PAC):** This committee will meet monthly to plan special events, fundraisers and other programs throughout the year. The PAC also helps bridge the gap between the board-staff-families, which will enhance and support the school.

### **Classroom Involvement:**

\* All volunteers must have an orientation. Family members can help their child(ren) to have successful learning experiences by:

- Volunteering to work in the classroom
- Assisting the teacher in the classroom
- Chaperoning on fieldtrips
- Participating in meetings and activities for families
- Serving on the Parent Advisory Committee (PAC)
- Sharing diverse cultural and ethnic traditions
- Answering surveys

## About Martin Luther King Montessori School

Martin Luther King Montessori School ("MLKMS") is a preschool program that began in Fort Wayne in 1968 after the tragic assassination of Dr. Martin Luther King, Jr. Since its inception, MLKMS has helped prepare over 5,000 three – five-year-old's for school, for life.

The philosophy of MLK Montessori School is based on love and respect for each child and that child is a gift, a special and unique individual. Our warm and loving home environment provides each child with the love and joy of learning and allows and encourages each child to realize their fullest potential in all areas of life.

MLKMS has achieved a Level IV through the State of Indiana Paths to Quality Rating Scale and is accredited through the National Association for the Education of Young Children (NAEYC). We have also been recognized by the American Montessori Society.

Services provided for children and their families include:

- Full day, full year preschool;
- Premises fully secured.
- Trained, educated and dedicated staff.
- Transportation.
- An on-site federal nutrition program (breakfast, lunch and snack)
- Speech services; vision, and hearing screenings
- On site family support and referral program.
- Parent Advisory Committee and Family Enrichment Nights.
- Health program
- Childcare vouchers (Bright Point) accepted,
- On My Way Pre-K
- Tuition assistance through the Scholarship

### Third Occurrence:

1. The Director/Family Services Coordinator are both notified of the continued behavior in writing.
2. Teacher again communicates problem with child's parents/guardians.
3. A mandatory conference is held within 72 hours with the family, teacher, Family Services Coordinator and Director.
4. A Behavior support Plan of Action is devised with the help of the parent/guardians, teacher, Educational coordinator, and Family Services Coordinator. Other staff might be invited to attend.
5. Behavior support Plan of Action is documented in the child's file.
6. Periodic support meetings are held to discuss the child's progress and future needs.

### Chronic Behavior Problems

For unusual behavior problems we suspect are beyond a child's control, the concern is addressed by referring families for outside help through local community health and social service agencies.

**\*\* Depending on the severity of the behavior, the child might be removed from the classroom and/or the parent/guardians contacted to take the child home for the safety of all children.**

**Community Support:** MLKMS helps to support families and children through the Family Services Program and local community health and social service agencies. Any suspected abuse and neglect



## **Discipline Procedures and Behavior Support Planning**

It is the top priority of MLKMS to keep all children and staff safe at all times. In order to keep everyone safe, the discipline policy is as follows: In the judgment of the teacher and/or director, a child's behavior is disruptive, disrespectful, cruel or unsafe to the child or others, it cannot and will not be tolerated. Name-calling, swearing, foul language, hitting, kicking and other forms of aggression are not allowed.

### **First Occurrence:**

The teacher explains or reviews the ground rules of the classroom with the child.

### **Second Occurrence**

1. The teacher explains or reviews the ground rules of the classroom with the child
2. The teacher informs immediate supervisor/director of concerns.
3. The teacher personally communicates concerns to the child's parents/guardians.
4. Teacher applies appropriate consequences with child.
5. Teacher sends a written report home, and a copy is documented in the child's file.

## **Daily Schedule**

8:30 School Day Begins

8:45 Breakfast

9:00-11:45 Work Time

12:00 Lunch

1:00 Naptime/Quiet Time

2:30 Line Time - Story time, music, whole group language

2:45 Snack

3:30 Dismissal

**Students are required to be at school by 8:30 AM.**

## Admissions/Attendance Policy

- **Confidentiality:** All information pertaining to the admission, health, family or discharge of a child is confidential. MLKMS will always release the child's records to the family of the child and to outside professionals after release forms have been signed.
- **Birth Certificate and SS Cards:** MLKMS requires copies of both before a child can begin classes.
- **Health Physicals:** Students accepted into the program must have a physical examination within three (3) months of start date.
- **Immunizations:** Parents/guardians must present a record of their child's immunization record before their child can begin at MLKMS.
- MLKMS is a year-round school. Regular attendance is critical for consistency and to maximize learning. **Children are required to be at school by 8:30 a.m... No late arrivals accepted!!**
- If your child is going to be absent or late, please call the school to let us know how long the child will be out.
- Please contact the school prior to a medical appointment for a child. Late arrival may be accepted **ONLY** because of doctor/dental appointments. At the time of drop off, verification of the appointment must be presented to the school on doctor's letter head.
- Parents need to comply with Bright Point and On My Way Pre-K attendance policies.
- **Sign-In and Sign-Out:** Families who self-transport and/or pick-up their child, after 8:30am must come into the building to sign them in and out. **No child is to be dropped off outside of the school.**

If a child's physician determines that a child should not have immunizations for medical reasons, the physician shall indicate and update annually these exceptions on the child's health record form.

- A parent/guardian may request that their child be exempt from immunizations, physical examinations or medical treatment based on religious beliefs with the following conditions: the parent/guardians shall make a signed, written request for exemption based on religious beliefs. A sample form is available from the school office. MLKMS will keep the request in the child's health record. Nothing in this provision precludes MLKMS from using emergency first aid techniques to treat the exempted child or the exclude a child where control of contagious disease may be necessary.

- Medication Administration policy – Medication is administered to children as a courtesy for families at MLKMS. We will administer prescription medication only when the prescription is current, and an accurate dosage spoon/syringe is provided by the parent/guardians. Medications not currently in use are to be taken home until needed. An exception to this is when a child has a chronic condition. Please do not leave any medication in a child's backpack.

Over-the-counter medication will be administered only with a dated, doctor's written permission. Cough-cold remedies, lip balm, cough drops, gum soothers, are considered over-the counter medications. A doctor's note of permission must include the following information: date, **the doctor's full name and practice**, the child's full name, the specific dosage and frequency of dosage. **Documentation cannot be signed by a Nurse Practitioner or Physician's Assistant.**

## MLKMS Illness Policy

MLKMS follows the Communicable Disease Guidelines Chart for Child Care Centers published by the Indiana Division of Family Resources. A reference copy is provided at the end of this manual.

- Children who are ill must not be brought to school. Please keep children home with the following symptoms:
  - Fever
  - Vomiting and/or diarrhea in the previous 24 hours.
  - A child must be fever-free for 24 hours before returning to school.
  - **Children too sick to participate in the full program, including playing outside, need to be kept at home.**
  - If a child becomes ill during the day (vomiting, diarrhea, fever of 100 degrees or above), parents/guardians or emergency contact person will be notified immediately so that the child can go home. It is your responsibility to pick the child up within **30 minutes** of the initial call or to arrange for someone else to do so.
- Whenever exposure to a communicable disease has occurred in the school, notice will be given to parent/guardians and staff members who have been exposed. When a child is diagnosed with a communicable disease, a doctor's note is required for the child to return to the school.
- Students infected with head lice may not return until the child is treated and nit free. Parent/guardian is responsible for bringing the child to school following treatment. The student will be inspected by an appropriate staff member. According to the Indiana Bureau of Child Care Center Regulations, children must remain out of school 24-48 hours after a lice infection is identified.

## MLKMS Tuition Policy

- Tuition charged is based on a weekly flat rate of \$199/week and is not **subject** to adjustment due to a child's illness, vacation, discipline or absence from school.
- It is each parent/guardian's responsibility to be sure all obligations remain current.
- **Parents/guardians are responsible for paying their tuition EVERY week.** Cash, checks, Visa, MasterCard and money orders are accepted. If paying by cash, please bring exact change. Please do not send cash with your child; the school is not responsible for lost or misplaced payments. If your check is returned for any reason, a \$30.00 charge will be assessed to your account. Cash, money order or cashier's checks are the only forms of payment accepted after a check has bounced.
- **Swiping MUST be completed EVERY Friday by 5:45 p.m.** If payment is not received, bus services and attendance will be suspended Monday morning until payment/swiping is completed. It is your responsibility to be sure your financial obligations remain current.
- Families receiving MLKMS scholarship funds must stay current with tuition payments and volunteer hours or risk losing their scholarship assistance.
- Outstanding balances **CANNOT EXCEED 5 days**, or your child will not be able to attend until payment is made. Statements are sent home monthly. In certain cases, payment plans can be arranged, parent must adhere to those plans or your child will not be able to attend until balance is paid in full.
- **Withdrawal of your child:** A written letter must be given to the school two weeks in advance concerning withdrawal of your child(ren).

## Additional Fees

- A **\$50.00** annual, non-refundable registration/supply fee is charged per child.
- A fee of **\$20.00** will be charged after **4:00pm** for each child that is not picked up. If a child is not picked up by 5:00 pm and the school is not notified, the child will become the responsibility of Child Protective Services (CPS).
- Students who are graduating will have a graduation fee of **\$40 assessed** and will not be able to participate in graduation ceremonies until all tuition and fees are paid in full.
- A fee of **\$25.00** will be assessed for any child that will utilize the bus during the school year. This fee is non-refundable if your child discontinues the bus for any reason.
- A fee of **\$20** will be assessed when no one is available to come to the bus and is over the age of 16 years old to receive your child(ren) from the bus, resulting in a return to school.

Our approach is to lead the child towards self-discipline. We try to avoid spending unnecessary time responding or reacting to behavior problems. The Montessori Method addresses the need to affect change towards positive behavior through lesson planning or teaching. A famous quote by Maria Montessori is, “The undisciplined child enters into discipline by working in the company of others; not by being told he is ‘naughty.’” Discipline is, therefore, primarily a teaching/learning experience and not a punitive experience.

When a child demonstrates an inability to respond appropriately to ordinary disciplining, and/or is otherwise signaling through behavior that he/she has needs that are not being met, the teacher should respond in a proactive way by meeting with the child’s parents/guardians to discuss the concerns. Informal input from fellow teachers, supervisor, and director is also sought at this point. Teachers may support children through redirection, giving choices, natural consequences and conflict resolution. Consistency and follow-through both at school and at home are key factors in supporting a child through a difficult time.

In some situations, teachers may ask a child to take a “time out.” Teachers use the following policy for time outs:

- 1) Time outs are *only* used when a child has not been able to gain self-control; and
- 2) Teachers will not physically restrain children except
  - a. When it is necessary to ensure their own safety or the safety of others; and
  - b. Only for as long as it is necessary for control of the situation.

## Guiding Children through Self-Discipline

At Martin Luther King Montessori School, children enjoy freedom of movement and choice; however, their freedom always exists within clearly defined limits of their behavior. They are free to do anything appropriate within the school community's ground rules for behavior, but they will be redirected right away if they break classroom rules. MLKMS children are encouraged to treat one another with kindness and respect. We teach children appropriate, polite behavior and work to instill basics that are the core of universal values. These values include self-respect, acceptance of all, kindness, peacefulness, empathy and compassion.

In the Montessori classroom, the child's opinion is respected, and the child is asked to share his or her views. Children want to follow rules if the adult clearly defines the rules and then invites the child to assume responsibility for his or her behavior. Assuming responsibility for behavior is to understand and accept the consequences for breaking the rules.

Teachers are expected to develop their individual ways of effectively addressing the usual array of behavior difficulties which arise in the classroom and playground, but all interventions are expected to be formulated based on 1) respect for the child, 2) knowledge and understanding of the developmental needs and characteristics of the child and the group, and 3) understanding that appropriate behavior must be carefully taught and modeled. The goal of each and every intervention is to assist the child/ren to develop self-control and self-discipline. The manner in which each intervention is made is expected to reflect a patient attitude and to consist only of verbal and when appropriate gentle physical assistance.

## Child Release Procedures

- At registration, all parent/guardians are asked to fill out an Emergency Contact Card which includes emergency contact information and authorized names for pick-up and drop-off. Children will also be assigned a number for pick up
- FOR THE SAFETY OF THE CHILDREN it is the policy of the school to release children ONLY to people who have the assigned number card. If the person is not listed on the card or authorization form, the parent/guardian must provide written, signed or sometimes in emergencies, verbal consent to MLKMS staff before the child is released. A description of the person picking up the child must be included in the notification.
- \*\*Photo ID is required of everyone picking up a child in the case of an emergency and the person could not get the pickup card.  
**No identification, no release! \*\***
- If an adult other than the parent or guardian is picking up a child from a MLKMS bus or site, all the above rules apply.
- It is the parent/guardian's responsibility to inform the main office of all changes that may occur in emergency contact information.
- Legal decisions regarding issues of child custody will be respected. However, documentation (court orders, divorce papers etc.) from the courts must be on file in order for MLKMS to restrict visitations and pick-up.

## Child Care Voucher Regulations for Attendance

- CANI voucher recertification is the sole responsibility of the parent/guardian. Parents/guardians must bring MLKMS a copy of all new and recertified vouchers for our files. This is MANDATORY.
  - Families receiving tuition assistance **MUST** complete their swiping for the week by Fridays at 5:45 p.m. If swiping/payment is not received, bus services will be suspended Monday morning until payment/swiping is completed.
  - CANI does not allow swipes older than 13 business days. Swipes older than 13 days are called incomplete swipes and any incurred fees that result are the sole responsibility of the parent/guardian and must be paid within five (5) days.
  - If payment is denied by CANI, parent/guardian is responsible for all unpaid tuition and must be paid within 1 week of notification from the MLKMS office.
- Each family is allowed twenty (20) personal days per child when the child is absent as a result of one or more of the following:
    1. Vacation for the parent/guardian from work or school
    2. Illness or death of any family member
    3. A traumatic disruption in the family's routine

A responsible adult (16-years-old or older) must be at home or at the drop-off address to receive your child. If not, the following will occur:

- Drivers will return all children to MLKMS and a \$20.00 fee will be accrued. The fees must be paid within 5 days. • A staff person will contact you to arrange for an authorized person to pick up your child.
- **First/Second Incidents:** You will be reminded of the importance of having a responsible adult available to receive your child when he/she is brought home. **There will be a \$20 charge for each child(ren) who is returned to the school.**
- **Third Incident:** Your transportation privileges will be suspended, and your child will be placed on the waitlist for transportation.

**MLKMS does not accommodate daily transportation changes for any reason. Bus routes are updated on Friday for the following week. Any change in pick-up or drop-off MUST be for an entire week and MUST be called into the main office by Thursday at 3:00 p.m.**

### **NO EXCEPTIONS**

## Transportation Procedures

MLKMS MAKES EVERY EFFORT TO PROVIDE TRANSPORTATION FOR CHILDREN WHO LIVE WITHIN ESTABLISHED BOUNDARIES

- **Parents are responsible for calling the school in advance when child will be absent and not utilizing the bus for any reason. If child is absent from the A.M. bus, without notice 3 times, all bus services will be suspended, and the child will be placed on the waitlist.**
- Listen for the bus and have your child ready when the bus arrives. Please allow a 15-minute window of time from scheduled pick up/drop off times for new students and/or absent students.
- A responsible person (16 years old or older) must walk your child to and from the bus each day. If the child must be returned to school, there will be a \$20 fee. If this happens 3 consecutive times, you child will be suspended from the bus and placed on the waiting list. You are responsible for getting your child to school.
- The driver is only able to wait **one (1) minute** for you to come out. If the bus leaves without your child, you will be responsible for getting your child/children to school by 8:30.
- Help us teach your child the following bus safety rules:
  - 1.) Fasten seat belts
  2. Remain seated
  - 3) No hitting, spitting, screaming or fighting
  - 4) Obey the Bus Monitor and the Driver on the bus.
- If the student does not follow rules and procedures after reasonable intervention, transportation services will be suspended and/or terminated.

## Inclement Weather Policy

- MLKMS is a private and independent school and does not necessarily follow the public-school inclement weather delays and closings. MLKMS will determine its own scheduled delays for weather and other emergencies.
- Please listen to 96.3, 95.1 (local Fort Wayne radio) and 15, 21 & 33 (TV stations) for any MLKMS updates.
- **Breakfast is not served when there is a 2-hour delay.**

## Nap/Rest time Policy

- Nap/Rest time is from 1pm-2:30p daily.
- Children will need to bring their own pillow and blanket for nap time. The blanket will be sent home on the last day of the school week to be cleaned.
- A cot is provided for each child and is sanitized daily.
- Children are not required to sleep but will need to lay and rest during quiet time. State law requires that all children rest.
- If you need to pick up your child during this time, please let the school know ahead of time so your child will be ready.

## Clothing and Outdoor Play

- School is **play/work time** for children and children's clothing should be appropriate and comfortable for a variety of and sometimes messy activities for school, and for the current weather conditions. **Children can and will get dirty please plan your children's clothes accordingly.**
- **Flip flops and high-heeled shoes/boots are not safe footwear and are NOT allowed for children.**
- All children should have an **extra set of labeled clothing** in case of accidents.
- **Outdoor active play is REQUIRED** by state licensing and is important to your child's development! **As long as weather permits, time each day is set aside for outdoor play.**
- When temperatures and wind chill are above 25 degrees the children will be going outside. **Please send your child with hat, gloves and boots for outdoor winter play.**

## General Information:

- **Birthdays:** Birthdays may be celebrated in your child's classroom. You may bring in a treat, but it must be store bought. Sorry, due to state law, **homemade treats are not allowed!**
- **Emergency Management Plan Summary:** MLKMS practices fire & tornado drills in order that the children will know how to respond to emergencies.
  - Children's files will be kept updated, with current phone numbers, and emergency information and contacts, so that someone will be notified in the event of an emergency and
  - Emergency information for each child will be taken with the staff in the event of an evacuation.
  - All staff are trained in emergency procedures First Aid and CPR certification on or near hire dates.
  - Evacuation diagrams are posted in each classroom
  - Authorities will be notified as needed.
- **Conferences:** Conferences between parents/guardians and teachers will be scheduled twice a year in fall and spring. Conferences give everyone an opportunity to discuss the child's social, physical, emotional and cognitive development. Parent/Teacher conferences are mandatory, and attendance is expected.
- **Field Trips:** Seasonal and other field trips may include trips to the apple orchard, pumpkin patch, Gingerbread Festival, circus, zoo and other opportunities that are age appropriate. Parent/guardian participation on field trips is welcomed and critical to the success of the outing. Parent/guardians must sign a field trip permission form for each trip taken, or the child will not be able to attend.
- **Meals & Snacks:** Morning snack, breakfast, lunch and an afternoon snack are catered by Classic Café of Fort Wayne. All meals and snacks meet the USDA dietary Guidelines for young children.
  - Children with allergies or requiring a special diet for medical reasons must have a physician's statement on file. It must include a list of restricted food products and appropriate substitutes.
  - Parent/guardians requests for religious/cultural substitutions are accommodated to a practical degree for feeding a large population of young children within government and program guidelines.
- **Newsletter(s):** Monthly newsletters will be posted to the webpage: [MLKdreamschool.org](http://MLKdreamschool.org). Also, there will be a parent bulletin board that will show case upcoming events for the month. It is the responsibility of the parents to check for the upcoming events.
- **Pictures/Videotaping:** If you do not want your child to be photographed/videotaped and/or quoted, a written statement is required to be kept in your child's file. If no written statement is in your child's file, MLKMS will allow your child to be photographed, videotaped and/or quoted for marketing purposes. Furthermore, it is requested that parent/guardians only take pictures or videotaping of their children while in school and/or on field trips.
- **PROHIBITED AT ALL TIMES: ALCOHOL, TOBACCO, ILLEGAL SUBSTANCES AND FIREARMS.**
- **Toilet Training:** MLKMS is not equipped to change diapers; therefore, all children who attend MLK must be in pullup and working on potty training in order to be enrolled in the program. The child will need to be able to clean him/herself up in the event of an accident. MLKMS will work with families in these circumstances.
- **Toys at School:** Please help us keep your child's toys at home. Unless it is for sharing that is requested by the teacher, please keep toys at home.
- **Vacation:** Inform the office of any planned absences and/or vacation. You will continue to be charged for care in order to hold your child's spot during the absence.
- **Cell Phones:** Cell phones are not permitted past the front office. Cell phones can be distracting and the focus in the classroom needs to be the child and/or teacher. In the case of an emergency and you need to take a call please excuse yourself from the classroom and step out into the hallway.



## Child Release Policy

For the safety of the children, it is the policy of the school to release children ONLY to people who have permission.

If the person is not listed on the emergency card or authorization form, the parent/ guardian must provide written, signed or sometimes in emergencies, verbal consent to MLKMS staff before the child is released.

A description of the person picking up the child must be included in the notification.

It is the parent/guardian's responsibility to inform the main office of all changes that may occur in emergency contact information.

**\*\*Photo ID is required of everyone picking up a child in the case of an emergency.**

**NO IDENTIFICATION, NO RELEASE!**

If an intoxicated person or impaired person insists on removing children from the care of a licensed child care center, the center is required to immediately report the incident to the local police agency.

## **Pandemic Policy**

### **New Temperature Procedure**

Welcome back families. Due to the circumstances, we are currently facing, we have chosen to update our temperature policy. This is for the health of our students and our teachers.

- 100 degrees Fahrenheit is what we will now consider a fever.
- If your child has registered a fever, they will not be allowed to enter the school or bus.
- They cannot return to school until they have been fever-free for 3 days, without medication.
- The temperature of each child will be taken before they leave the reception area of the school to go to their classrooms.

### **Mask Procedure**

- All adults and children will be required to wear masks in the building.
- No one can enter the school without a mask on.
- This will be strictly enforced for ALL people entering the building.

### **Sanitation Procedure**

- Teachers will be sanitizing their classrooms twice a day.
  - More if deemed necessary
- Children will be taught our licensing handwashing procedures and encouraged to wash hands frequently.
  - Children will be educated about how germs are spread and encouraged to cough, sneeze in their elbows.

### **Exposure Procedure**

- In the event someone is diagnosed with COVID-19
  - They will be quarantined until they are cleared by a doctor to return to the school.
  - The room will be sanitized by an outside company after school hours.
  - All parents of children in the classroom will be notified by the office staff.
    - Parents can choose to self-quarantine their children
    - All staff and children in that classroom will be closely monitored for 14 days and sent home immediately if they display any symptoms.
- Contact the school if your child has been exposed to someone that has tested positive for Covid-19.
  - This will give teachers and staff the information to be extra vigilant while your child is at school.

## Social Media

MLK Montessori School has a website at:

<https://www.mlkdreamschool.org/>

What you can find there:

- Calendar of events
- Recent News
- Information about/from your child's classroom
- Pictures from class and field trips
- Parent resources
- Our Partners
- Alumni Stories

You can also add us on Facebook!

We're Martin Luther King Montessori School

## Communication

You may be contacted by the school in a variety of ways including but not limited to:

- Phone (please keep updated)
- ClassDojo
- Talking Points
- Important information is often sent home in your child(ren)'s folder. Please check it daily.

## Paperwork

There are many forms and other pieces of paperwork that are needed to enroll and maintain enrollment. The office does not, and nor should you, assume that starting school automatically implies paperwork is no longer needed. Often parents believe they turned in paperwork because the child was permitted to start school. A grace period is often given due to some offices being closed and other difficulties that we know some parents may face. Please do your due diligence to acquire and hand in all required documents as requested. We are asking for state required information.