



APPLICATION REQUIREMENTS

- ❖ Application for Enrollment is **NOT** complete without a **COPY** of the following required documents and fees:
 - ✓ Student's birth certificate
 - ✓ Completed Application form
 - ✓ Student's currently updated immunization record
 - ✓ If your child is less than 2 yrs, a dosage prescription note for Tylenol and Benadryl. This is for the school file so parents could authorize the school office to dispense these medications as needed in times of emergency (High temperature or Allergies)
 - ✓ A signed and dated copy of a health care professional's statement
 - ✓ Signed copy of the compliance Agreement (page10). Parent Handbook is uploaded at our website <http://www.ameenacademy.org> for your review. Please review Ameen Academy's operational policies and procedures before you sign.
 - ✓ Signed Publicity waiver
 - ✓ Non-refundable Registration fee Preschool **\$200**
 - ✓ School Supply fee **\$250**

If you are enrolling your child in **Elementary** school:

- ✓ Non-refundable Registration fee **\$250**
- ✓ Non-refundable Text Books & Instructional material fee: **\$550**

Please complete an application and submit to the office along with copies of other required documents. (Please submit only pages 2 - 15 with application)

- ❖ Students with special learning needs, including but not limited to emotional, behavioral, learning deficits or disabilities, and/or limited English proficiency, will not be admitted to Ameen Academy on the basis that the Academy does not provide programs to adequately meet such needs.
- ❖ Notice of Nondiscriminatory Policy: Ameen Academy admits students of any race, color, national and ethnic origin and eligible to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies.



List of items & Supplies required for your child----(Please refer below to the programs that your child is enrolled)

Items & Supplies	Infant care (0-12 months)		Toddler care (1yr – 2yrs)		Preschool (2yrs – 3yrs)		Pre-Kindergarten Elementary Program(k-5) (4yrs – 10yrs)	
	Timing		Timing		Timing		Timing	
	8:30 – 3:00	8:30 – 5:00	8:30 – 3:00	8:30 – 5:00	8:30 – 3:00	8:30 -5:00	8:00 – 3:00	3:00 – 5:00 Aftercare
Diaper	√	√	√	√				
Pull-ups (Potty training)			√	√				
Baby Wipes	√	√	√	√				
Diaper Cream	√	√	√	√				
Vaseline (optional)								
Snack (am) 1	√	√	√	√	√	√	√	√
Snack (pm) 2		√		√		√	√	√
Lunch	√	√	√	√	√	√	√	√
Baby formula	√	√						
Baby food	√	√						
Milk	√	√	√	√	√	√	√	√
Juice (avoid sugary juices 100% Fruit juice is recommended)	√	√	√	√	√	√	√	√
Bottled Water	√	√	√	√	√	√	√	√
Kleenex	√	√	√	√	√	√	√	√
Backpack			√	√	√	√	√	√
Sanitary wipes					√	√	√	√
Set of extra clothes Including: Under clothes, vests (pack according to season)	√	√	√	√	√	√	√	√
Blankets (for Nap time)			√	√	√	√	√ Not required for Elementary School	√
Tylenol/Benadryl Dosage Prescription from Doctor	√	√	√	√				
School Uniform							√	√
Elementary school supply list							√	



Please fill in all areas of the forms except the shaded.. Do not leave any field blank. If no information is available, please fill N/A (not available)

Operation Name Ameen Academy		Director's Name Shaheen Madni	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. _____			
CHECK ALL THAT APPLY: 1. <input type="checkbox"/> TRANSPORTATION: consent for my child to be transported and supervised by the operation's employees.		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give
		<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS: NOT OFFERED		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give — my consent for my child to participate in Field Trips:
—Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give — my consent for my child to participate in Water Activities:
		<input type="checkbox"/> sprinkler play	<input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
4. <input type="checkbox"/> REVIEW OF OPERATIONAL POLICIES: PARENT HANDBOOK IS UPLOADED ON OUR WEBSITE http://www.ameenacademy.org/ FOR YOUR REVIEW. PLEASE SIGN THE ATTACHED COMPLIANCE FORM (PAGE 9) ACKNOWLEDGING THAT YOU AGREE WITH AMEEN ACADEMY'S OPERATIONAL POLICIES AND PRECEDURES			
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:			
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:			
Name of Physician:	Address:	Ph.#:	
Name of Emergency Medical Care Facility: ***See Below	Address:	Ph.#:	
*** If you don't have a specific Medical Care facility, the school will be taking (911) the students to THE MEDICAL CENTER OF PLANO during emergency. Please fill in MCP, 3901 W. 15th Street, Plano 75075, Tel. 9725966800 information and sign.			
I give consent for the facility to secure any and all necessary emergency medical care for my child.			
			Signature - Parent or Legal Guardian

Section below needs to be filled by School Age students who are enrolling for afterschool, Daycare services or Summer School.

SCHOOL AGE CHILDREN:	
My child attends the following school:	
_____	_____
Name of School and Address	School Ph.#
CHECK ALL THAT APPLY:	
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.	
My child has permission to:	
<input type="checkbox"/> Walk to and from school, and/or	<input type="checkbox"/> ride a bus, <input type="checkbox"/> be released to the care of his/her sibling(s) under 18 years old.
Name of sibling(s): _____	

Signature – Parent or Legal Guardian: _____ Date: _____



HEALTH REQUIREMENTS					
Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO - IPV or OPV					
MEASLES					
MUMPS					
RUBELLA					
Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:		
Signature or stamp of a physician or public health personnel verifying immunization information above.					
			Signature		Date
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.					
			Parent's signature		Date
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.					
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

_____ **Health Care Professional's Signature** _____ **Date**

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

_____ **Signature - Parent or Legal Guardian** _____ **Date**

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DOCTORS'S IGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
<input type="checkbox"/> PASS <input type="checkbox"/> FAIL			

Signature – Parent or Legal Guardian: _____ **Date:** _____



STUDENT BACKGROUND

Note to Parents: The information below is confidential. It will help your child's teacher understand him/her better, and therefore will make his/her transition easier and enable your child to gain more from his/her experience at AMEEN ACADEMY. We appreciate your cooperation.

Child's Name: _____
Last First Middle

Date of Birth _____ Gender _____

Has the child been in a day care before _____ When _____ Where _____

How long _____ Was it a successful experience _____

If no, please explain _____

Mother's Name _____ Occupation _____

Cell: _____ Email: _____

Father's Name _____ Occupation _____

Cell: _____ Email: _____

Does child reside with both parents _____. If not, with whom does he/she live

Brothers and sisters (names and ages)

Usual bedtime _____ Morning wake up time _____ Naps during day _____

Special blankets, toys, etc. (nap time favorites) _____

Food categories: liked _____

disliked _____

Initial: _____



Allergies:

Non Food Allergies (medications/reactions):

Existing illnesses:

Previous Serious illnesses:

Injuries or Hospitalizations during the past 12 months:

Any medications prescribed for long-term continuous use:

Any other information/instructions which caregiver's should be aware of:

_____ Is child reliably toilet trained

If not, frequency of accidents _____

Child's reaction to accidents _____

Initial: _____



Positive Behavior habits _____

Behavior needing practice and improvement _____

Parents' method of discipline _____

Child's Nature: Friendly _____ Shy _____ Withdrawn _____

Other Characteristics _____

When upset, child most often: Cries ____ Withdraws ____ Temper Tantrums ____

How does your child express his/her feelings:

Unusual fears: _____

If any, can you explain the background of fears? _____

Initial: _____

Can your child dress up by him/her self? _____

Can your child tie shoes? _____

Favorite toy(s) _____

Favorite activities _____

What age children does he/she play with at home? _____

Special interests and talents _____

Nap time habits/specific habits: _____

Please give any other information you feel will help your child adjust to school:

What do you hope your child will gain from attending school?

Any other concerns or comments? _____

Signature of Parent or Guardian: _____ Date: _____



If you are enrolling your child in infant care please note:

- **Parents who are enrolling infants need to fill in a monthly feeding schedule (Please ask for a feeding schedule chart from office)**
- **Baby food & all other items need to be labeled and packed in Ziplocs**
- **Please do not send blankets for Infants to be used during nap-time. We will not use them in cribs as they are not allowed in cribs (DFPS regulations)**
- **Extra clothes/Diapers in diaper bag**
-

If you are enrolling your child in Toddler - Pre-K program please note the following:

- **Blankets that are used during nap time during the week in toddler care to Pre-K goes home with students every Friday (for washing) and should be sent back Mondays.**



MEDICATION AUTHORIZATION

I hereby do give / not give authorization to Ameen Academy to administer (school office will call Parents for consent) Pain Reliever/ Fever Reducer/ Benadryl to my child as and when needed.

Important:

- If your child is less than 2 years we require a prescription from the Doctor to be kept in school office in order to administer over the counter medication (OTC) for Allergies or Fever reducer suspensions. [DFPS (State regulation)]
- If your child is 2 years or above, dosage will be followed as per package insert instructions. (with parents consent on phone)

CHILDREN'S TYLENOL (160mg per 5ml) 2-5 years --Dosage is 5ml (1tsp)

CHILDREN'S BENADRYL (12.5mg/5ml) 2-5 years -- Please bring Prescription from Doctor for dosage

- If you have Prescription medication that needs to be administered during the school hours, the medication needs to be in its original package with the dosage instructions and expiry date.

Signature of Parent or Guardian

Date



PARENT HANDBOOK COMPLIANCE AGREEMENT

PARENT HANDBOOK IS UPLOADED ON OUR WEBSITE <http://www.ameenacademy.org/> FOR YOUR REVIEW. PLEASE SIGN BELOW YOUR AGREEMENT WITH AMEEN ACADEMY'S OPERATIONAL POLICIES AND PRECEDURES

(PLEASE INITIAL EACH STATEMENT)

_____ I have read and agree to abide by the rules and regulations specified on the Parent Handbook and support the school in its implementation to the best of my ability.

_____ I understand that school policy and procedural changes may be updated periodically. When notified of such changes by the school, I agree to comply with the most recent officially approved version of any policy or procedure.

Signature of Parent or Guardian

Date



Publicity Waiver

Ameen Academy is on the Internet at: [http:// www.ameenacademy.org](http://www.ameenacademy.org)

We have a homepage on the World Wide Web and a Facebook page. The purpose of these pages is to inform people about our school and to share work created by students and staff.

Your child's teacher/school administration is considering using student photos, writing or art work on our school home page and on Facebook page. Because this document can be seen by people all over the world and for security reasons, only first names will be used if necessary. There may be competitions or participations that our school may enter and it is likely that your child's work may be published. Please sign and return the slip below indicating your approval.

If you have any questions, please contact the school office.

Thank you.

Ameen Academy Administration

I give permission for my child's:

Photo - Yes No

Writing - Yes No

Artwork or Projects - es No

Video/short clips - es No

Student name _____

Parent Signature _____

Date _____



Discipline

- A. The school sets appropriate and realistic limits for behavior (according to age expectations) and maintains them consistently.
- B. We avoid shaming or belittling children.
- C. The staff protects the rights of all children.
- D. Behavioral problems that are routine are dealt with by having the child "sit out" and discussing his behavior with him. If a child is disruptive, he will be moved to the office for a "cooling off" period then returned to his classroom.
- E. At no time will corporal punishment be used on a child.
- F. **A child who causes frequent disturbances and bodily harm to other children or school property may be refused continued attendance at the school.**
- G. A child who is deemed to be unable to learn in this school environment may be refused continued attendance.

Any misdemeanor/misconduct on the part of parent or person dropping off / picking up the child, will be referred to city / state authorities.

Student name _____

Parent Signature _____ Date _____