



## 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
  - ✓ Home Language Survey
  - ✓ Hearing and Vision Report for all students 3ys and up.
  - ✓ A signed copy of the compliance Agreement. Parent Handbook is uploaded to 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 **\$250**
  - ✓ 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 it to the office along with copies of other required documents. (Please submit only pages 3 - 13 of this application)

- ❖ Students with special learning needs, including but not limited to emotional, behavioral, learning deficits or disabilities, and limited English proficiency, will not be admitted to Ameen Academy on the basis that the Academy does not provide programs to meet such needs adequately.
- ❖ 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. It does not discriminate based on race, color, national, and ethnic origin in administering its educational policies and admissions policies.



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

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))	√	√	√	√	√	√	√	√
Bottled Water	√	√	√	√	√	√	√	√
Kleenex	√	√	√	√	√	√	√	√
Backpack			√	√	√	√	√	√
Sanitary wipes					√	√	√	√
Set of extra clothes Including Underclothes, vests (pack according to season)	√	√	√	√	√	√	√	√
Blankets (for Naptime)			√	√	√	√	√	√
							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 <b>Ameen Academy</b>		Director's Name <b>Shaheen Madni</b>	
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 the care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while the 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 a 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 <b>ONLY</b> with the following persons. Please list the name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verifying 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:
<del>Parent's Comments:</del>			
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 <a href="http://www.ameenacademy.org/">http://www.ameenacademy.org/</a> FOR YOUR REVIEW. PLEASE SIGN THE ATTACHED COMPLIANCE FORM (PAGE 9) ACKNOWLEDGING THAT YOU AGREE WITH AMEEN ACADEMY'S OPERATIONAL POLICIES AND PROCEDURES			

**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: <b>***See Below</b>	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 an emergency. Please fill in MCP, 3901 W. 15<sup>th</sup> 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

The section below needs to be filled by School-Age students 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:**  
 His / her immunization record is on file at the school, and all required immunizations and/or tuberculosis tests are current. Vision and Hearing screening records are also on file.

My child has permission to:  
 Walk to and from school, and  ride a bus,  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					
<b>Name of Child:</b>				<b>Date of Birth:</b>	
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.					
			<b>Signature</b>		<b>Date</b>
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.					
			<b>Parent's Signature</b>		<b>Date</b>
<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 two years.					
For additional information regarding immunizations, contact the Department of State Health Services at <a href="http://www.dshs.state.tx.us/immunize/school_info.htm">http://www.dshs.state.tx.us/immunize/school_info.htm</a>					

**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 process or within one week of admission.

Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the child named above within the past year and find that he/she can physically take part in the daycare program.

\_\_\_\_\_ **Health Care Professional's Signature** \_\_\_\_\_ **Date**

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with a recognized religious organization's tenets and practices, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- My child has been examined within the past year by a health care professional and can participate in the daycare program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child-care operation.

Name and address of health care professional:

\_\_\_\_\_ **Signature - Parent or Legal Guardian** \_\_\_\_\_ **Date**

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
<b>DOCTORS'S IGNATURE</b> _____		<b>DATE</b> _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
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, the 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 the 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 a diaper bag**

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

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





---

**MEDICATION AUTHORIZATION**

I hereby  give  do not provide 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:**

- Suppose your child is less than two years. In that case, we require a prescription from the Doctor to be kept in the school office to administer over-the-counter medication (OTC) for Allergies or Fever reducer suspensions. [DFPS (State regulation)]
- If your child is two years or above, the dosage will be followed as per package insert instructions. (with parents consent on the 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 school hours, the medication needs to be in its original package with the dosage instructions and expiry date.

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

\_\_\_\_\_  
Date

-----



## Primary/Home Language Survey for All New Kindergarten and Incoming Students

Instructions for schools in completing the survey:

1. Interview the parents or guardians of ALL new kindergarten and incoming students in grades k–12 and record all information requested.
2. Provide interpretation services whenever necessary.
3. Check to see that all questions on the form are answered.

Student Information (The parents or guardians should complete this section.)	
First Name: _____ Last Name: _____	Date of Birth: (Month/Day/Year)
Questions for Parents or Guardians	Response
What language(s) is (are) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most frequently at home?	
Which language do you most frequently speak to your child?	
In what language would you prefer to get information from the school?	

Parent or Guardian's Signature: \_\_\_\_\_

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 PROCEDURES

### **(PLEASE INITIAL EACH STATEMENT)**

\_\_\_\_\_ I have read and agree to abide by the rules and regulations specified in 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 artwork on our school home page and on the 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 participation 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 -  Yes  No

Video/short clips -  Yes  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 the parent or person dropping off / picking up the child will be referred to city/state authorities.

Student name \_\_\_\_\_

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