



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 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)			√	√	√	√	√	√
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 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 ONLY 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 Parent's Comments:		I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give my consent for my child to participate in Field Trips:
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 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: ***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 an 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

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					
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

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 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 process or within one week of admission.

Please check only one option:

1. 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

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

3. 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.

4. 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

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DOCTOR'S SIGNATURE _____		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, 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 do 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 (160 mg per 5ml) 2-5 years --Dosage is 5ml (1 tsp)

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.

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 Policy

- 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 and 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.
- H. Any misdemeanor/misconduct on the part of the parent or person dropping off / picking up the child(ren) resulting in the hostile environment, per the school's discretion, may be refused continued attendance of the child(ren) at the school and will be referred to city/state authorities accordingly.

Student name _____

Parent Signature _____ Date _____



Tuition Policy

- A. All charges will be paid in advance.
- B. If parents are late in picking up their children, an additional charge will be made. Late pickup fees are as follows:
Late Pickup is \$5 per every half hour and \$1 per minute after 5 pm
- C. If a child is absent at any time (with or without notifying the school), there will be no rebate or reduction of fees, including registration and supply fees. There will be no reduction due to closing for holidays.
- D. Ameen Academy holds the right to change its fees at any time.
- E. Failure to make the tuition payment may result in the spot being released one month after the due date. In such a case, you will be required to re-register your child and pay the registration and Supply/book fees again.
- F. Elementary families will no longer be able to access the google classrooms in the event of non tuition payment.
- G. Tuition is due on the 1st business of each month. After the 3rd it will be considered late and you will incur a \$25 late fee charge
- H. A two-week written notice with the reason for leaving is required when removing the child from the Academy.
- I. A 10% reduction is granted for the oldest child when two or more siblings are enrolled in the full-time program.
- J. **No adjustments will be made for days missed due to illness or vacation**

Student name _____

Parent Signature _____ Date _____



Drop Off and Pickup Of Children

- A. Parents are requested to drop their children off five minutes early and be on time to pick up their children.
- B. Only parents or person(s) authorized by parents may pick up a child.
- C. If for some reason a parent cannot pick up their child, they will need to inform the office that someone else will pick up their child. The office, to ensure that the proper person is picking up the child may check this person's ID.
- D. If parents are late in picking up their children, an additional charge will be made. Refer to our Tuition Policy on Page 12
- E. All preschool children are to be signed in and out each day. Sign In / Out folders are available for each class at the front desk for this purpose.
- F. In situations where parents has not informed about late pick and child has not been picked up within 30 minutes after the designated dismissal time, and attempts to reach the child's parents and emergency contacts have proven unsuccessful, Ameen Academy will initiate contact with the Child Protective Services (CPS) hotline at 1-800-252-5400. CPS will then proceed to document the situation and dispatch a representative to ensure the safety and well-being of the child.

Student name _____

Parent Signature _____ Date _____