



HAPPY HEARTS MONTESSORI

253-802-6657 | info@happyheartsmontessori.com |
26829 119th Ave SE, Kent, WA 98030 | 23855 SE 216th St., Maple Valley, WA 98038

PARENT OR GUARDIAN PERMISSIONS FORM

Child's Name: _____ Date: _____

Transportation and off-site activity:

I give my permission for the licensee or the staff to take my child:

	Yes	No
To and/or from school:		
By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>
By riding with my child on public transportation	<input type="checkbox"/>	<input type="checkbox"/>
By walking with my child.....	<input type="checkbox"/>	<input type="checkbox"/>
On field trips (a written notice will be given at least 24 hours before):	Yes	No
By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>
By riding with my child on public transportation	<input type="checkbox"/>	<input type="checkbox"/>
By walking with my child.....	<input type="checkbox"/>	<input type="checkbox"/>
On occasional errands:	Yes	No
By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>
By riding with my child on public transportation	<input type="checkbox"/>	<input type="checkbox"/>
By walking with my child.....	<input type="checkbox"/>	<input type="checkbox"/>

Water activities including swimming pools and other bodies of water:

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Take my child swimming or play in a swimming pool or body of water.....	<input type="checkbox"/>	<input type="checkbox"/>

Bathing:

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting.....	<input type="checkbox"/>	<input type="checkbox"/>



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Child's Name: _____ Date: _____

Photo, video, or surveillance/recording activity:

I give my permission for the licensee or the staff to:	Yes	No
Take photographs of my child.....	<input type="checkbox"/>	<input type="checkbox"/>
Take videos of my child	<input type="checkbox"/>	<input type="checkbox"/>
Capture my child's image on surveillance video used at this care facility...	<input type="checkbox"/>	<input type="checkbox"/>
Allow school pictures of my child to be included in Happy Hearts Montessori School Publications	<input type="checkbox"/>	<input type="checkbox"/>
Consent to my child's actions to be recorded and studied by Montessori teachers in training.....	<input type="checkbox"/>	<input type="checkbox"/>

Food cooked by another child's parent/guardian (on special occasions only):

I give my permission for the licensee or the licensee's staff to:	Yes	No
Serve my child food prepared, cooked, or backed at home by another child's parent or guardian (on special occasions only).....	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed the licensee's written policies and have had the opportunity to discuss with the licensee the policies pertaining to the items listed on this permission form.

Parent or Guardian's Printed Name

Parent or Guardian's Printed Name

Parent/Guardian's Signature & Date

Parent/Guardian's Signature & Date



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MEETING INDIVIDUAL'S NEEDS

Montessori education provides individually paced programs and multi-age classrooms that support a wide range of abilities and learning styles. At the Happy Hearts Montessori School of Maple Valley, we value this diversity.

Our teachers aim to identify and build on each child's strengths and use these strengths to overcome any personal challenges. The school's goals include early diagnosis and intervention, when needed, and effective and consistent support for children, family and teachers.

Some students may require significant one-to-one or small group support for their success. In cases such as this, the school reserves the right to require that students receive the assistance they need and to charge fees for added expenses incurred by the school in the form of personal aides. Parents and teachers will discuss, agree upon, and implement other reasonable accommodations in the classroom, when needed.

If teachers suspect significant developmental, learning, or behavior challenges (Significant meaning that challenges impact the ability of the child to be successfully accommodated within the classroom without additional resources, and/or significantly impact the ability of the other children in the classroom to learn), this plan will be followed:

- The teacher will notify parents that a 7-school day period of observations and documentation has begun. At this step, parents are expected to document similar behaviors at home. A follow up conference with parents will be scheduled during these 7 days. Written documentation of this first step will be placed in the child's file, and sent home via email.
- If at this follow-up conference, teachers request outside testing and evaluations, the family has five business days to initiate this testing process. A list of community resources providing screening and evaluations will be provided at this conference. The leadership team of the Montessori School of Maple Valley (HHM) is willing and able to help families with the process of seeking additional testing and evaluations. Written confirmation that the process has been initiated needs to be provided to the school within five business days.
- While recognizing that the decision to seek outside testing and evaluations of a child is the responsibility and right of the parents/guardians, the HHM also recognizes that when a teacher has requested outside testing and evaluation of a child it is because that without additional information, recommendations and resources, the HHM might be unable to meet the individual needs of the child.
- If the parent declines to seek outside testing and evaluation, the HHM reserves the right to give a family 5 school days' notice of disenrollment. A summary of the decision made will be placed in the child's file and sent home via email.

Parent/Guardian's Signature & Date

Name of Child



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SICK CHILDREN AT HAPPY HEARTS MONTESSORI

When a child is at school and becomes sick, it affects not only the child but also parents, co-workers, siblings, other students, and the teachers.

Entirely preventing the spread of many common illnesses is nearly impossible. However, we are obligated to our teachers and other students to not expose them to illnesses. Please be aware of the guidelines for keeping a child home during and while recovering from an illness. These are accepted standards set forth by and followed by health departments across the state and country.

If you notice a change in your child's behavior, such as feeling tired or out-of-sorts, consider this a sign of the onset of illness, which is the most contagious time. Keep your child home for some extra rest if he or she is overly tired or irritable.

Children with communicable diseases (including serious colds, sore throats, persistent cough, rash, conjunctivitis and the like) or who have vomited or had diarrhea or had a fever over 100 degrees in the 24 hour preceding the school day must be kept at home. Children must be fever-free without medicine for 48 hours before returning to school. If your child has had a throat culture, please keep him or her at home until the results have been reported to you—even if your doctor says it is all right to send the child to school. A child who is prescribed an antibiotic must be on the medication for 24 hours before returning to school. Please inform the Montessori School of any illness or contagious disease immediately.

A good rule of thumb is to keep the child home at least one more day after the illness symptoms subside so your child can regain strength and vigor. Children have relapses when they return to school too soon and pick up other infections on top of what they already have. We understand the difficulties of making arrangements for an ill child. However, it is our hope that by keeping children at home when appropriate, we will all benefit by having our children exposed to fewer illnesses.

Name of Child: _____

Name of Parent/Guardian: _____

Parent/Guardian's Signature

Date