



The Montessori School of Pullman

115 NW State St, Suite 112
Pullman, WA 99163



pullmanmontessori.org
509.334.4114

New Families

Form Packet

2021 - 2022

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The Montessori School of Pullman

115 NW State St, Suite 112
Pullman, WA 99163



pullmanmontessori.org
509.334.4114

2021-2022 Signature Sheet

These forms are required by the Montessori School of Pullman and Washington State Department of Children, Youth and Family Services to be signed by a parent or guardian and placed in each child's file at the time your child enters our school.

Please read and fill out all of the documents, **sign each one**, and verify that you have done so by **signing this signature sheet**. Copies of all of these forms are also available online on our website. They are part of the Handbook, which is also available on our website. Return this signed set to the office or your child's teacher as soon as possible. It is understood that in two- or more-parent/guardian families, one guardian may sign on behalf of all guardians.

By signing below, I verify that I have read the Handbook (available on our website: www.pullmanmontessori.org,) have completed necessary paperwork and agree to the following policies:

Required to be in your child's file by the first day of school:

1. **Washington Immunization Sheet** (You can go to this link to download your child's completed immunization record: <https://tinyurl.com/WAimmunizationinfo>)
2. **Student Information Sheet**
3. **Permission Form**
4. **Emergency Authorization**

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Additional Forms and Policies:

5. Fee Policy
6. Parent-Teacher Communication
7. Health History and Examination
8. Sick Children
9. Covid-19 Waiver
10. Meeting Individual Needs
11. Bathroom Policy
12. Crisis/Disaster Response Plan
13. Behavior Management and Anti-Bullying Policy
14. Workplace Bullying involving a Parent and Teacher Policy
15. Whistleblower Policy
16. Diaper Cream Application (Montessori Beginnings- if needed)
17. Medications at School (if needed)

Name of Child: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (MM/DD/YY): _____
Parent/Guardian Signature Required _____		Sex: _____	

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.



Parent/Guardian Signature Required _____

Date _____

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Required Vaccines for School or Child Care Entry				
	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)				
◆ Tdap (Tetanus, Diphtheria, Pertussis)				
◆ Td (Tetanus, Diphtheria)				
◆ Hepatitis B □ 2-dose schedule used between ages 11-15				
● Hib (<i>Haemophilus influenzae</i> type b)				
◆ IPV / OPV (Polio)				
◆ MMR (Measles, Mumps, Rubella)				
● PCV / PPSV (Pneumococcal)				
◆ Varicella (Chickenpox) □ History of disease verified by IIS				

Recommended Vaccines (Not Required for School or Child Care Entry)				
	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Flu (Influenza)				
Hepatitis A				
HPV (Human Papillomavirus)				
MCV / MPSV (Meningococcal)				
MenB (Meningococcal)				
Rotavirus				

Documentation of Disease Immunity <i>Healthcare provider use only</i>	
If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider	
I certify that the child named on this CIS has:	
<input type="checkbox"/> a verified history of Varicella (Chickenpox).	
<input type="checkbox"/> laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.	
<input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A Hepatitis B Hib Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio Rubella Tetanus Varicella
<input type="checkbox"/> Other: _____	
Licensed healthcare provider signature _____ Date _____ (MD, DO, ND, PA, ARNP)	
Printed Name _____	

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

- #1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.
- #2 **Vaccine information:** Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.
- #3 **History of Varicella Disease:** If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
- #4 **Documentation of Disease Immunity:** If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnam®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

Student Information Sheet

First Name: _____ Last Name: _____ Birthdate: _____

Gender: _____ Name to be used at school: _____

With whom does your child live? _____

Siblings names and ages: _____

Languages Spoken: _____

We pride ourselves on celebrating cultural diversity and love to know the culture of our families. Please share your information below.

Cultural Heritage (optional): _____

Cultures/Holidays you might be interested in sharing with our school: _____

Help us know your child better:

Has your child attended childcare or preschool? Tell us about it:

What would you like us to know about your child?

Are there any medical concerns that we should know about? (allergies, etc.)

Are there any behavior concerns that we should know about?

Are there any learning concerns that we should know about?

What goals do you have for your child this school year? (academic, emotional, etc.)

For all day students, does your child need a nap? **Yes No**

Please give details – normal duration, time, routine, etc. _____

Describe your child in a few words: _____

Permission Form

Child's Name: _____

Publicity Photos

I give permission for photos of my child to be used for the school website, social media pages and for educational and for publicity purposes as seen proper by the teaching and administrative staff of the Montessori School of Pullman. No names will be used. **Yes No**

Children's Art

I give permission for my child's art to be presented on the school's website and social media as seen proper by the school. The art will be presented with first name only. **Yes No**

Field Trips

I give permission for my child to go on Montessori School field trips. I expect to be informed via the newsletter, classroom bulletin board, or take-home notes prior to the trip as to the destination, planned activities and approximate duration of the field trip. I expect the staff to take precautions for my child's safety. I give permission for my child to walk to the parks, library, and nearby locations. The School will not transport children in automobiles. In the event of an accident I release the Board of the Montessori School of Pullman, Inc. from any and all liability. **Yes No**

Gym Use

I give permission for my child to use the Gladish gym for recess purposes. **Yes No**

Sunscreen, Lip Balm, Lotion and Hand Sanitizer

I give permission for staff to apply sunscreen, vaseline lip balm, hand lotion and/or hand sanitizer to my child. We recommend that parents provide hats and apply sunscreen each day to their children before arriving at School. We will make every effort to have sunscreen available to parents at the door. During cold weather months when lips and hands tend to become chapped, we will provide unscented hand lotion and vaseline lip balm as needed. **Yes No**

People Authorized to Pick Up Your Child (must be over 18 years old)

Please provide names and phone numbers of people permitted to pick up your child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Guardian Signature: _____ **Date:** _____

Emergency Authorization

Child's Name: _____ Date of Birth: _____

Address: _____

Guardian Name: _____

Guardian Name: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-mail Address: _____

E-mail Address: _____

Alternative people to contact if guardians cannot be reached:

Name: _____ Phone: _____ Name:

_____ Phone: _____

Medical Records and Preferences:

Physician's Office: _____ Dentist's Office: _____

Physician: _____ Dentist Name: _____

Phone: _____ Phone: _____

Please list medical information about your child that would be important to know in an emergency (e.g., chronic illness, asthma, allergies to medication, hypersensitivity to insect stings, etc.)

(read and sign other side)

Emergency Authorization

In case of an accident or severe illness at school, you will be called immediately after first aid is administered. If neither guardian can be reached, and a physician's care is required, your child's doctor or his/her designated alternate will be called and a message will be left for you at one of the above telephone numbers. For this reason, we require you to sign this emergency authorization form before your child enters school.

In case of sudden onset of non-emergency illness, or other situation that requires your child to be taken home from school, you will be called. If neither guardian can be reached, your alternative person(s) will be called to pick up your child.

I authorize the staff of the Montessori School of Pullman, Inc. to arrange for medical care and emergency surgery for the above child in the event of an accident or sudden illness, when I cannot be reached. This permission includes authorization to call an ambulance, if necessary. Every attempt will be made to send a familiar adult in the ambulance with the child if a parent or the alternative person listed above is unavailable.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Fee Policy

I have read, understood, and agree to the following statements regarding the Montessori School fee policy:

- A \$100 non-refundable application fee is required to place your child on the waiting list. When notified that a space is available, a non-refundable deposit of \$80 for half-day and \$130 for school/extended-day Montessori is required to secure the place. The deposit will be applied to your first tuition payment. A licensing fee of \$15 for half-day and \$30 for school/extended-day Montessori will be paid with the first tuition payment.
- For convenience, tuition for the academic year is divided into ten equal payments, due on the first of the month, August through May. You may also choose to pay (1) all up front by August first or (2) one-half by August first and one-half by January first.
- Withdrawal of a child requires 30-days advanced written and verbal notice. There is no cancellation of tuition for children whose withdrawal is effective on or after April 1.
- Withdrawal from Lunchbunch, Before Care and/or After Care requires a month's advance notice.
- No credit is given for holidays, vacations, illness or other absences.
- No credit is given for closures due to weather and other circumstances beyond the school's control.
- Please put tuition payments in the lockbox by the office door or mail them to the school.
- The Fee Policy may apply differently to children enrolling after August 1.
- The Board may consider exceptions to this Fee Policy as it deems appropriate.

Policy on Late Payments

- All payments, including those for tuition, fees, Before- and After Care and Vacation Care are due on the first of the month.
- Payments are considered late if not received on or before the 10th of each month.
- A \$10 late fee will be assessed if a payment is received after the 10th but before the 20th of the month.

Continued on next page

- A \$30 late fee will be assessed if a payment is received on or after the 20th of the month.
- If a payment is not received on or before the last day of the month, your child will be disenrolled and the school will pursue all legally available remedies to collect unpaid amounts.
- N.S.F. (non-sufficient fund) checks are considered non-payment and will be assessed a \$20 fee in addition to any applicable late fees.
- Payments for less than the full amount due are considered non-payment and will be assessed a \$20 fee in addition to any applicable late fees.
- Financial Emergencies: We understand that financial emergencies happen and are willing to work with you to set up a payment schedule. In the event that you experience a financial emergency, please contact Beverley Wolff, Head of School, at 509.334.4114 prior to the payment due date.

Early Drop-off/ Late Pick-up Policy

Children dropped off more than 5 minutes before school (8:30am) or picked up more than 5 minutes after the end of the school day (3:30) who are not enrolled in Before Care or After Care will be charged a drop-in fee of \$10 for Before Care or \$15 for After Care. Half-day children who are picked up more than 5 minutes after the end of the school day (11:30) will be charged a drop-in fee of \$10 for Lunch Bunch. The charge will be added to the following month's invoice.

A late pick-up fee of \$1 per minute per child will be levied for families that are late picking up their child(ren) from After Care (5:30).

If a child is dropped off early or picked up late, the child care provider will discuss the situation with the parent or guardian, record an early or late fee on the sign-in sheet, and give it to the administrator who will then bill the family.

Parent/Guardian Signature: _____ Date: _____

Parent-Teacher Communication

It is important to establish positive parent-teacher communication. Please note that at pick-up and drop-off times, the teachers' primary focus must be on the children. This is not the best time for parent-teacher communication and answering parents' questions, and the hallway is not a private place to discuss a child's progress and/or behavior. Therefore we have four main ways to communicate:

- A written note handed to the teacher
- A phone call/message
- Email to office@pullmanmontessori.org. You may add "For [teacher's name]" in subject line.
- Call/email the office to arrange a meeting with the teacher at a time that is convenient for teachers and parents
- A message through our tech messaging app

Teachers will do their best to respond to your question or concern within one work day.

Parent-teacher conferences are scheduled twice a year, in November and March. A few days prior to the conference, written progress reports will be sent home. Parents are encouraged and welcomed to sign up to observe their children in class before conferences. Observations will be scheduled in October and February, and a sign-up sheet will be available ahead of time. Similarly sign-up sheets for conferences will be available prior to conference days.

Back to school night is scheduled in the spring for you to visit your child's classroom, and watch your child work with the Montessori materials.

We have an **open-door policy**, and you are invited into your child's classroom to observe. We ask you to arrange a visit ahead of time as we do try to limit the number of adults observing in a room at any one time. For the month of September, we ask that parents do not visit the classroom while the new children are settling into their classrooms. You may also join a child for lunch, or join your child enrolled in after-care for after-care activities.

I understand and accept the conditions of the above communication policy.

Parent/Guardian Signature: _____ Date: _____

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Health History and Examination

Child's Name: _____ Date of Birth: _____

Guardian's Name: _____ Guardian's Name: _____

Physician's Office: _____

Physician: _____

Phone: _____

Address: _____

This form may be signed by you, with the date of the child's last medical exam, and returned to school. The health of a child is a very important factor in learning. Because of this fact, we request a simple, well-child physical examination each year. A physical exam within the last six months need not be repeated.

Date of last medical exam: _____

Please list diseases, illnesses, physical conditions, allergies or surgical procedures the child currently has or has had that school personnel should be aware of. Indicate what precautions or restrictions are required. Please list medications regularly used.

This information is as up to date and true to the best of my knowledge.

Parent/Guardian's signature: _____ **Date:** _____

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Sick Children At 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.

Parent/Guardian Signature: _____ Date: _____

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Covid-19 Waiver and Release of Liability Form

Child's Name: _____

Effective June 1, 2020

Services: Childcare provided by the Montessori School of Pullman

With the Covid-19 pandemic, we are facing circumstances we have not faced before. Although we are following guidelines to mitigate risk of contracting Covid-19, we cannot guarantee that you or a member of your family will not contract Covid-19 by a potential exposure through participating in the services we offer. In some ways this is similar to the risks of exposure to other viruses, such as the common cold or flu – we cannot guarantee a 100% virus-free environment at all times. Sometimes a participant of the program may be contagious before exhibiting any symptoms. This is also true of Covid-19, although the risks involved are greater. Because of this, we ask that all participants complete this waiver.

I, ON BEHALF OF MYSELF AND MY FAMILY, HEREBY ASSUME ALL OF THE RISKS OF REQUESTING THIS SERVICE, including by way of example and not limitation, any risks that may arise from contracting COVID-19 from my Childcare Provider, and releasing my Service Provider from any and all liability from any medical condition or viruses due to any exposure to the Covid-19 virus through my participation in the program. This Waiver and Release of Liability covers any exposure by me or my dependents to the COVID-19 virus from the Service Provider.

I am responsible for determining whether I and my dependents are physically and medically able to allow the Service Provider to provide Services. I am responsible for determining whether a physical or medical examination should be undertaken before I or my dependents participate in the services being provided and I will abide by any determination, limitation, or recommendation that may be issued by my medical or health care provider. Before, during, and after the services, I am solely responsible for determining my and my dependent's health and physical status and whether I or my dependents can or should discontinue my participation in the services, or take other actions, to protect my own, and my dependents, health or safety. Service Provider assumes no duty to me or my dependents to ensure my physical or medical ability to participate in the services, whether before, during, or after the services.

I acknowledge that Service Provider and its directors, officers, employees, representatives, and agents are NOT responsible for the contamination, errors, omissions, acts, or failures to act of any party or entity conducting in providing the services.

I furthermore INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this service, activity or event. My and my dependent's participation in the services is voluntary.

I acknowledge that this activity, event or service may carry with it the potential for death, serious injury, and property loss.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

It is understood that in two- or more-parent/guardian families, one guardian may sign on behalf of all guardians.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian's signature: _____ **Date:** _____

Names of Dependents: _____

Meeting Individual Needs

Montessori education provides individually paced programs and multi-age classrooms that support a wide range of abilities and learning styles. At the Montessori School of Pullman 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 child, family and teacher.

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 Pullman (MSoP) 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 MSoP 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 MSoP might be unable to meet the individual needs of the child.
- If the parent declines to seek outside testing and evaluation, the MSoP reserves the right to give a family a 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 Signature: _____ Date: _____

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Bathroom Policy

We require that children in the Preschool and Kindergarten classes be bathroom trained, both bowel movements and urination. Being bathroom trained looks different at different ages. We understand that some of our younger students may need reminders. Please help your child practice and gain independence in all of the necessary bathroom skills before starting school: getting on and off the toilet, wiping and cleaning, taking care of clothes, flushing, and handwashing. If a child requests assistance, we will verbally coach them through the necessary bathroom steps.

We realize that every child will have accidents occasionally and this is why we ask that children have an extra set of clothes at school. Please do return and replenish any sets of clothes. Please dress your children in clothes that can be quickly and easily removed to go to the bathroom. Overalls and tight pants that snap and zip are very difficult, and tights are also difficult to manage.

Please note that we will take into account that upon beginning a new school, children might need a couple of weeks to adjust.

If a child has a consistent problem with bathroom training (accidents three times in a week for two weeks) in the classroom, the following procedure will be implemented:

1. A staff member, usually the child's teacher, will communicate with the parents each time a bathroom accident occurs at school and the parent and teacher will discuss the situation.
2. The child will be taken to the bathroom often during class time. This will be done for a period of time agreeable to both parents and staff.
3. When a bathroom accident occurs at school, a staff member will take the child to the bathroom and the child will take care of clean up. We want to help the child develop independence and to understand natural consequences. With a staff member ready to assist by verbal coaching, the child will: a) put wet clothes in a plastic bag for taking home, b) clean up using toilet paper and wipes, c) put on clean clothes and place shoes to dry.
4. Parents will be called if sickness is suspected, the child is out of a change of clothing or is in need of additional clean up, such as bathing.
5. If the behavior persists, (e.g. three or more times a week for two weeks) the staff member and parents will have a conference. Family and staff will develop a plan of action and a reasonable time will be given to try ideas. A parent or caregiver might be called to pick up the child when an accident occurs. Documentation of the conference will be added to the child's file.
6. If there are no positive results in the time agreed upon by parents and teacher, and if it has been determined there is no illness involved, the staff will recommend a day away from school. An explanation will be given to the child that children at Montessori must go to the bathroom in the toilet. A parent or caregiver will be called to pick up the child when a bathroom accident occurs. To rule out any medical reasons, a doctor's visit to discuss the issue may be required.

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7. The procedure will be repeated from Step 3 up to two times until such time as the problem is resolved or a decision is made by parents and staff that it is necessary to discontinue the child's attendance at the school until bathroom independence is reached.

Please note that this policy does not apply to children with special needs who are unable to control bodily functions. No such child will be excluded from our program. Please remember, also, that this policy does not apply to children who have occasional accidents which are normal and expected.

The Montessori Beginnings staff will work with the families to potty train the children as they show signs of readiness.

Please note that a staff person of either sex may assist a child of either sex in the case of #3 above, a child needing help. This is because we want to model for the children that both males and females can be caregivers and take care of children's bodily needs. Please let the school know a.s.a.p. if you have any concerns regarding this matter. When a staff person is assisting a child, the bathroom door will be ajar.

Parent/Guardian Signature: _____ Date: _____

Crisis/Disaster Response Plan

The Montessori School has developed a comprehensive Crisis/Disaster Response plan that is available in the office and each classroom. Our teaching staff is prepared to handle events such as a missing child, kidnapping, earthquake or flood, building evacuation, intruder lockdown and other crises. These procedures will be practiced with the children each quarter and records of the drills will be maintained in the office and classrooms. Parents are encouraged to read our Disaster Plan in the office. Please read the following synopsis of our Crisis/Disaster Response Plan and sign that you have done so.

Designated Safe Facilities:

Gladish Community Center, all public school buildings and WSU buildings are designated safe facilities for the City of Pullman. These buildings are equipped with gymnasiums, cooking facilities, water, restrooms, and large parking lots.

In the event that Gladish Community Center needed to be vacated, the Montessori School of Pullman would:

- Contact the Pullman Police and the City of Pullman about our evacuation and
- Relocate to Sunnyside Elementary School
- Contact Families to let them know where and how to pick up children

The Montessori School of Pullman will contact families through the email-to-text system and follow up with a more detailed email. Parents may also call the Pullman Police number below for information about the safety of their children and the procedure for picking them up.

In the event that a Gladish Community Center or citywide disaster should occur, please call the Pullman Police Department 509.334.0802.

A helpful number to have on hand:

Gladish Community Center Office Phone: 509.332.8081

The Montessori Staff will make every effort to handle a crisis in an efficient, calm, professional manner and will keep your children safe and comfortable.

Parent Signature: _____ Date: _____

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Behavior Management and Anti-Bullying Policy

It is important to establish a consistent behavior management program in order to help our children learn techniques for solving their disagreements and problems. Our goal is to teach skills through effective communication, modeling 'I' messages and reflective listening. Good discipline combines caring and fairness with control - Children imitate adult examples and tend to be cooperative with adults who combine caring with fair and steady rules.

This will allow the children to become less dependent on adults when encountering problems or conflicts. There will be **no physical discipline** (spanking, slapping, etc.) administered to any child at any time under any circumstance. The school adheres to the Washington State regulation forbidding corporal punishment.

Establishing Behavior Guidelines: When we begin our school year, behavior guidelines will be stated to the children in a positive manner, and used consistently through the year, to communicate a respect for others and to encourage cooperation.

"We use gentle hands."

"We use a soft voice in our classroom."

"We all care for our room and the materials in it."

"We respect each other by not disturbing others when they are working."

"We walk carefully around mats. Only our work is placed on the mats."

"We walk quietly in the hallways or the classroom, including when we are with our family members."

Step 1: Observation and Documentation: When a child chooses to disregard our guidance and/or our school rules, behavior management measures will be taken in the form of repeating the rules and restating the boundaries to individual children when necessary. Choices are given to the children whenever possible. We will have the child remain by a teacher's side until the child is ready to make appropriate choices. We will have the child watch others for a good example. The teacher will continue to reflectively listen to the child's concerns. We actively listen if a child is upset. To assist the child in communicating their feelings, we try to interpret these feelings and help the child develop vocabulary for effective communication. The teacher will begin to document the behaviors, and share that they are doing this with parents. At this step, parents are expected to document similar behaviors at home. A behavior management conference will be scheduled within seven school days of notifying parents. Written documentation of this first step will be placed in the child's file, and sent home via email.

Step 2: Initial Behavior Management Conference Teachers and parents will share documented behaviors at this conference. Parents and teachers will work together to develop and implement a behavior management plan to ensure consistency for the child of expectations at home and school. Parents and teachers will exchange ideas for helping the child become aware of appropriate choices. A follow up conference will be scheduled within ten school days of this conference. Parents are expected to actively participate in the behavior management plan and the following steps. Failure to do so can lead to disenrollment of the child. Documentation of the agreed upon behavior management will be placed in the child's file, and sent home via email.

Step 3: Follow Up Conference 1 At this meeting, the child's behavior will be discussed. The effectiveness of the implementation of the behavior plan will be discussed. If progress is being made,

the plan will be continued. If adequate progress is not being made, additional steps will be discussed, agreed upon and implemented immediately. An example of additional steps might include any combination of the following: short time away from the class e.g. supervised time in the office, shortening the child's day, adding individual support for the child (see Meeting Individual Needs Policy), requesting a screening. Follow up conference 2 will be scheduled within ten school days of this conference. A summary of the follow up conference 1 will be placed in the child's file and sent home via email.

Step 4: Follow Up Conference 2 Parents and teachers will meet to discuss the effectiveness of additional steps agreed upon during the first follow up conference. If adequate progress is being made, the additional steps will continue, as needed, and follow up procedure will be decided. **If the behavior persists, then the child will move into step 5, probationary period.** A summary of the follow up conference 1 will be placed in the child's file and sent home via email.

Step 5: Probationary Period If there is a serious question of whether the child can function happily in this school, the school may set a limited 'probationary' period of up to five school days to try to work out problems. If the behavior persists, and the child continues to disrupt the classroom, destroy classroom property and/or harms either physically or mentally a staff member or child, we will contact parents immediately and request a day away from school. During these five days, parents will be asked to be on call to pick up a child whenever the disruptive, destructive or harmful behavior occurs. At the end of the probationary period, the parents and teacher will hold another conference to make a decision as to what further action should be taken to best meet the needs of the child. At that time, it may be necessary to disenroll the child at the school. At this point, 5 school day notice will be given. A summary of the decision made will be placed in the child's file and sent home via email.

Immediate Disenrollment: In extreme cases, for example, instances where the safety, health and security of the school community is threatened, the school may disenroll the child immediately, without going through any or all of the above steps.

The Head of School will offer suggestions and alternative options to facilitate the disenrolled child's transition into another program, and/or for evaluation to see what services might be of help to the family. The parents/guardians of the child will be informed of the immediate disenrollment and the reason why in writing, and this documentation will be added to the child's file.

The above steps are also used in our anti-bullying policy. Specific lessons will be introduced to our students to help them recognize the difference between rude, mean and bullying behavior. Bullying behavior is persistent, continues even after a child has expressed through words or actions that he or she wants the behavior to stop, is intentional and involves a power difference. Bullying can be verbal, (e.g. name-calling), physical (e.g. hitting), and/or relational (e.g. excluding/isolating a child). We will use the above 4 steps to manage bullying, including the final step of immediately disenrolling a child for behavior that threatens the safety, health and security of the school, children and staff.

I understand and accept the conditions of the above policy.

Parent/ Guardian Signature: _____ Date: _____

Workplace Bullying Involving a Parent and Teacher Policy

The Montessori School of Pullman considers workplace bullying unacceptable and will not tolerate it under any circumstances. Workplace bullying is behavior that harms, intimidates, offends, degrades or humiliates an employee, possibly in front of other employees, students, or parents. Workplace bullying may cause the loss of trained and talented employees, reduce productivity and morale and create legal risks. The Montessori School of Pullman believes all employees should be able to work in an environment free of bullying. The board of directors and the school director must ensure employees are not bullied.

Reports of workplace bullying that involve a teacher and a parent will be treated seriously and investigated promptly, confidentially, and impartially. The Montessori School of Pullman encourages all employees to report workplace bullying that involves a parent and a teacher. The board of directors and the school's director must ensure employees who make complaints or witnesses to bullying incidents are not victimized.

Teachers may report an incident of workplace bullying that involves a parent using the situation resolution form (found in MSP Policies & Procedures Manual). The completed situation resolution form will be submitted to the school's leadership team and the President of the Board of Directors. The matter will then be discussed with the teacher, the parent, and the director to resolve concerns. If the matter cannot be resolved through this discussion, the leadership team and/or the Board of Directors can determine additional consequences for the parent's behavior that may include a warning, modification or reduction of teacher interaction, or dismissal from the school, depending on the circumstances.

I understand and accept the conditions of the above workplace anti-bullying policy.

Parent/Guardian Signature: _____ Date: _____

Adapted from: Bradshaw, C.P. & Figiel, K. (2012). Prevention and Intervention of Workplace Bullying in Schools: A Report Prepared for the National Education Association. Retrieved May, 8, 2017 from: <https://www.nea.org/assets/docs/Workplace-Bullying-Report.pdf>

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Whistleblower and Non-Retaliation Policy

I. General

The Montessori School of Pullman policies and procedures requires directors, officers, employees, parents and volunteers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As directors and employees of the Montessori School of Pullman, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

II. Reporting Responsibility

It is the responsibility of all directors, officers, employees, parents/guardians and volunteers to comply with and to report violations or suspected violations of the Montessori School of Pullman policies, practices or laws in accordance with this policy.

III. No Retaliation

No director, officer, employee, parent/guardian or volunteer who in good faith reports a violation of Montessori School of Pullman policies, practices or law shall suffer harassment, retaliation or adverse employment consequences. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

IV. Reporting Violations

Directors, officers, employees, parents and volunteers should share their questions, concerns, suggestions, or complaints with someone who can address them properly. In most cases, employees, parents and volunteers should report such matters to the Montessori School of Pullman Director. If an employee, parent or volunteer is not comfortable speaking with the Director or is not satisfied with the response, that employee, parent or volunteer is encouraged to report to the Montessori School of Pullman Board President and/or member representatives to the board.

V. Acting in Good Faith

Any good faith report, concern or complaint is fully protected by this policy, even if the report, question or concern is, after investigation, not substantiated. Anyone filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Montessori School of Pullman policy, practice, or law. Any allegations that prove not to be substantiated and have been made maliciously or with knowledge that they were false will be treated as a serious disciplinary offense.

VI. Confidentiality

Upon the request of the complainant, Montessori School of Pullman will use its best efforts to protect the confidentiality of the complainant for any good faith report. Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

VII. Handling of Reported Violations

All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation. The complainant will be informed that follow-up has or is occurring within two weeks after the Director or Board President has received the complaint or report. The full board shall be informed of all such complaints or reports.

Parent/Guardian Signature: _____ Date: _____

For Oak Room Students only

Diaper Cream Application Permission

Child's Name: _____

We recommend that parents apply diaper cream to their child, as needed, before arriving at school. We will have Desitin diaper cream available for our staff to apply, as appears necessary. If you would prefer that we use a specific diaper cream other than Desitin, please list the brand below and provide a tube for school use. Application of diaper cream will be tracked on the diaper/potty chart.

Should the need arise, I give permission for staff to apply diaper cream to my child.

Diaper cream brand preferred (if other): _____

Parent/Guardian Signature: _____ Date: _____

If you would prefer that diaper cream not be applied, please sign and date below.

Parent/Guardian Signature: _____ Date: _____

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Medications at School - To be Completed as Needed

When students need medications* at school, child care licensing requires that:

- A. All medications must be in their original containers with the child's name on the container
- B. Medications will be dispensed by the teachers or other authorized personnel according to the directions on this form
- C. This form must be on file in your child's folder before any medication will be given
- D. Medications given longer than three weeks require a letter and signature from your child's doctor

***The term "medications" applies to all topical and ingested/administered materials including but not limited to Tylenol, inhalers and prescriptions**

Parental Request

Student Name: _____

Health Problem: _____

Medicine: _____

Time of Day to be Taken: _____

Amount to be Taken: _____

Frequency: _____

Method of Administration at Montessori: _____

Start Date: _____ End Date: _____

I certify that I am the parent/legal guardian of the child named above and request and authorize the Montessori school to administer the above identified medication in accordance with the prescription or doctor's instructions.

Signature of Parent/Guardian: _____ **Date:** _____

Childcare Medication Log

Child's Name (first and last):			
Name of Medication (as it appears on a medication container):			
**If a medication was not given, you must document the reason why. **			
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____		Print Name	Signature
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____		Print Name	Signature
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____		Print Name	Signature
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____		Print Name	Signature
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____		Print Name	Signature
Date	Time	Dosage	Side Effects Observed (if any)
Name of Person Giving Medication _____		Print Name	Signature