

To Complete your child's file for the Ga Pre-K Program, you will need the following items:

1. Certified copy of child's birth certificate.
2. Georgia Residency Verification (eg. Lease agreement or current utility bill).
3. Completed Ga Pre-K registration.
4. Roster Information Form.
5. Copy of all adults authorized to pick up your child from school.
6. Certificate of Immunization (From #3231).
7. Copy of child's social security card.
8. Hearing, Dental, Vision and Nutrition Examination (Form #3300).

The first four items, 1-4, are due at time of registration to secure your child's spot. The remainder items are due within a week of the start of school.

Thank you,

Meadows Montessori School

<https://www.facebook.com/meadowsmontessorischool/>

MEADOWSMONTESSORI.COM

[Meadowsmontessori@yahoo.com](mailto:Meadowsmontessori@yahoo.com)

770-218-6347



770-218-6347

# Pre-K Registration Form

## School Year

Georgia Department of Early Care and Learning

PROVIDER LEGAL NAME:	AV JOHNSON LLC <small>(This section to be completed by the provider)</small>			
SCHOOL/SITE NAME:	MEADOWS MONTESSORI SCHOOL			
CHILD INFORMATION	<small>(Please print name exactly as it appears on the birth certificate.)</small>			
CHILD'S LAST NAME:				
CHILD'S FIRST NAME:				
CHILD'S MIDDLE NAME:				
CHILD'S SOCIAL SECURITY#:	D.O.B. (MM/DD/BY);		SEX: [ M ] [ F ]	
HOME ADDRESS (Do not enter PO Box Info):				COUNTY:
CITY:	STATE: GA	ZIP:	PHONE:	
If the Student is transferring from another Pre-K, please provide the following:				
Previous School Name: _____				
Last Date in Attendance: _____				
PARENT/GUARDIAN INFORMATION				
Parent/Guardian #1 - LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____				
Home Address (If different from child): _____				
City:	State:	Zip:		
Home Phone:	Cell Phone:			
Email Address: _____				
Place of Employment:	Work Phone:			
Address: _____				
City:	State:	Zip:		
Parent/Guardian #2 - LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____				
Home Address (If different from child): _____				
City:	State:	Zip:		
Home Phone:	Cell Phone:			
Email Address: _____				
Place of Employment:	Work Phone:			
Address: _____				
City:	State:	Zip:		
EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)				
NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
1.				
2.				

I verify the above information to be correct. and I understand that completion of this form does not guarantee placement in a Pre-K class. my child is placed in Georgia's Pre-K Program. I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate documentation to this registration form.  
 Signature Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

CHILD'S LIVING ARRANGEMENTS:  BOTH PARENTS  MOTHER  FATHER  OTHER

CHILD'S LEGAL GUARDIAN:  BOTH PARENTS  MOTHER  FATHER  OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

NAME	ADDRESS	RELATIONSHIP	CELL PHONE
1.			
2.			
3.			
4.			

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):  
 \_\_\_\_\_  
 \_\_\_\_\_

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:  
 \_\_\_\_\_  
 \_\_\_\_\_

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS;  
 \_\_\_\_\_  
 \_\_\_\_\_

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which Shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): \_\_\_\_\_

DATE: \_\_\_\_\_

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities. to record the participation and appearance of my child,

\_\_\_\_\_ by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives. and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions. agreements, claims. controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law. PRE-K PROVIDER NAME/ADDRESS:

SIGNATURE (Parent/Guardian): \_\_\_\_\_

DATE: \_\_\_\_\_

Meadows Montessori School 111 Bells Ferry Lane Marietta, GA 30066 770-218-6347

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## TERMS & CONDITIONS

### Non-discrimination Enrollment Policy

MMS admits children regardless of race, color, national or ethnic origins, or religious affiliations. Students are admitted based on their readiness and age requirements. MMS does not discriminate in the administration of its educational policies, activities, or other school administered programs based on race, color, national or ethnic origins, or religious affiliations.

### Terms and Conditions of Enrollment

Enrollment is not considered completed until all forms are completed per our Admissions Process. Enrollment in MMS is contingent on a successful readiness interview with our Director. Children are invited on a year-by-year basis. Most children thrive in a Montessori environment and exceed their past performance. However, we retain the right to refuse reenrollment should we determine that your child can no longer derive a benefit from MMS, or is engaging in behavior that is inappropriate or harmful to others. The following documents must accompany your application: Copy of Child's Birth Certificate; Copy of Child's Social Security Card; Immunization Certificate (GA 3231); and for children who are age 4 or over, or applying for GA Pre-K Program: an Eye, Ear, Dental and Nutrition Examination certificate (GA form 3300).

Before any medication is dispensed to your child, you agree to provide the medication and a written authorization which will include: name of the child, medication name, prescription number (if any), dosage, time and frequency medication is to be given. Medication must be in its original container with my child's name marked on it.

If child(ren) becomes ill during the time at the center in the care of MMS Inc, or if the child(ren) becomes injured in any way, MMS will contact parent(s). In the event of an illness, injury or emergency involving my child(ren), and the center is unable to contact the parent, the center shall be authorized to secure medical attention and care for the child as may be necessary. The parent(s) shall be responsible for any and all doctor and hospital bills and release MMS, Inc from any and all claims and or liability for any injury.

Child(ren) will not be allowed to enter or leave the facility without being escorted by the parent(s) or person(s) authorized by parent(s). Authorized persons must be prepared to show proper picture identification.

It is the parent's responsibility to keep their child(ren)'s file current to reflect any changes as they occur (i.e. telephone numbers, employment, address, emergency contact child's health immunization records, etc).

MMS agrees to keep parent(s) informed of any incidents, including illnesses, injuries, adverse reaction to medication, exposure to communicable diseases which include child(ren)

MMS agrees to obtain written authorization from parent(s) before child(ren) participate in routine transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two(2) feet deep.

MMS Parents have the option of being included in an on-line, password protected database. This database is to be used solely by staff and parents of MMS for non-commercial, personal use. MMS will not sell, distribute or disseminate any information from its database for any use, or sell, distribute or disseminate any email addresses.



## Georgia's Pre-K Program 2017-2018 Roster Information Form

This form is to be completed after school starts, not at the time of registration. Please clearly print the name as it appears on the birth certificate. Porfavor escriba el nombre como a arece en el certificado de nacimiento.

Legal Last Name					
Legal First Name					
Legal Middle Name		Name Suffix Sufjb) (Jr,II,III)			
Phone Number:					
Child's Social Securi #		DOBM/D/Y	Gender		
_____ -- _____ -- _____		____/____/____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">F</td> </tr> </table>	M	F
M	F				
Date enrolled in Pre-K M/D		If different from birth certificate, name student is called			

1. Is your child's ethnicity Hispanic/Latino/Spanish Origin, regardless of race? Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?)

Yes (Si)    No (No)    Decline to Answer (negarse a contestar)

Please select ONE OR MORE of the following races regardless of how you answered question one. (TODOS deben seleccionar UNA O MAS de las sigulentes razas sin importar como haya contestado la primera pregunta.)

2. Is your child.

a. White — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Blanco).

b. Asian — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

c. Native Hawaiian or Other Pacific Islander — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

d. Black or African American — A person having origins in any of the Black racial groups of Africa. (Negro o Afro Americano)

e. American Indian or Alaskan Native — A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment.

f. Decline to Answer (negarse a contestar)

3. What is your child's primary language? (Buäl es el idioma primario de su hijo(a)?)

English (Inglés)

A language other than English (Un idioma diferente al Inglés)

4. Was your child born as a: (El parto en que Ud. tuvo a su hijo(a) fue de:)

Single Birth (1) (Un sölo niho)

Twin (2) (De mellizos)

Triplet (3) (De trillizos)

Quadruplet (4) (De cuatrillizos)

Quintuplet (5) (De quintuples)

5. Does your child have an Individualized Education Plan (IEP)? su hijo(a) un Plan de Educación Individualizada (IEP?)

**YES/NO**

6. Does your child receive any of the following services? (&Recibe su hijo(a) alguno de estos servicios?)

Childcare and Parent Services (CAPS) (child care subsidy program)

Food Stamps (Cupones de Alimentos)

SSI

Medicaid

Temporary Assistance for Needy Families (TANF)

7. Will the Pre-K center be providing transportation for your child? (ORecibirä su hijo(a) transporte en el Centro donde va a asistir a pre\_K?) Yes (Si) No (No)

Parent/JGuardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEADOWS MONTESSORI SCHOOL TERMS & CONDITIONS AGREEMENT

Guardian's Name: \_\_\_\_\_

I would like to be included in an on-line, password protected database. This database is to be used solely by staff and parents of Meadows Montessori School for non-commercial, personal use. MMS will not sell, distribute or disseminate any information from its database for any use, or sell, distribute or disseminate any email addresses.

I have read the Meadows Montessori School Terms and Conditions and hereby agree to abide by them if my child is enrolled in MMS. As stated in the agreement, if MMS cannot get in touch with me, I hereby authorize any emergency medical care for my child(ren). I further agree that I am fully responsible for all medical expenses incurred during the treatment of my child(ren).

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Written Name: \_\_\_\_\_

## SPECIAL MEDICAL INFORMATION\AUTHORIZATION FOR EMERGENCY CARE

Child's Name: \_\_\_\_\_  has no known allergies

Allergies if any: \_\_\_\_\_

Will provide school an EpiPen-Yes\_\_\_\_No\_\_\_\_

Asthma: Yes \_\_\_\_ No \_\_\_\_ Will provide school an inhaler? \_\_\_\_ Yes \_\_\_\_ No

Diet restrictions if any: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_ For what? \_\_\_\_\_

I hereby give authorization to Meadows Montessori School that in the event of an illness, injury or emergency involving my child, and the center is unable to contact me, the center shall be authorized to secure medical attention and care for my child as may be necessary. I will be responsible for any and all doctor and hospital bills and release Meadows Montessori School from any and all claims and/or liability for any injury.

\*Before any medication is dispensed to your child, you agree to provide the medication and a written authorization which will include: name of the child, medication name, prescription number (if any), dosage, time and frequency medication is to be given. Medication must be in its original container with my child's name marked on it.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

1. Meadows Montessori agrees to provide day care for: \_\_\_\_\_

From (days of week) \_\_\_\_\_ From the hours of \_\_\_\_\_

From the month of \_\_\_\_\_ to \_\_\_\_\_

My child O will or O will not participate in the following meal plan:

(circle applicable meals and snacks):

Morning Snack

Lunch

Afternoon Snack

NOTE: Meal plan includes morning snack, lunch and afternoon snack (if in after school).  
Cost is \$110/month due at the beginning of the month.

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day Medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. Meadows Montessori agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for Meadows Montessori.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Facility Administrator): \_\_\_\_\_ Date: \_\_\_\_\_



Meadows Montessori School Before Care/After Care Contract for Ga Pre-K Students

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Meadows Montessori before care is from 6:30 am until 7:45 am. Afterschool is from 2:15 pm until 6:00 pm. After school includes PlayBall (or some other sport program) and Dance for all children enrolled in after school one day a week. Dance is on Thursday's.

Before care/Aftercare weekly rate: \_\_\_\_\_

Full weekly payment is due every week school is in session on Monday. If Monday falls on a holiday, please submit payment the week prior.

The weekly rate is \$100 and the daily rate is \$25. Example: If we are in session only 3 days one week, rate is \$75.

I, \_\_\_\_\_ have read and agree to the above terms and conditions.  
(written name)

I, \_\_\_\_\_ have read and agree to the above terms and conditions.  
(signature)



## Meadows Montessori School

### What we offer:

1. Ga Pre-K: 4 years old by September 1st
2. Primary Montessori Class: 2.5 – 6 years old
3. Infant Room: 6 weeks ~ 14 months
4. Toddler Room: ~14 months ~ 30 months
5. Mother's Morning Out: 6 weeks to 6 years old
6. Summer Camp: 2 – 12 years old
7. Loving staff, fun & educational curriculum and a safe environment. 8-12

Refer a friend that signs up, you and the friend get \$75 off one month's tuition. **\$75**

Email us at: [Meadowsmontessori@yahoo.com](mailto:Meadowsmontessori@yahoo.com)

Check us out at: [Meadowsmontessori.com](http://Meadowsmontessori.com) or

<https://www.facebook.com/meadowsmontessorischool/>

Call us at: 770-218-6347

Come by: 111 Bells Ferry Lane, Marietta, GA 30066