

# **Mothers Morning Out**

For ages 6 weeks to 8 years.

Call 770-218-6347 OR email [meadowsmontessori@yahoo.com](mailto:meadowsmontessori@yahoo.com) to reserve your MMO.

Cost is \$25/session due at drop off or before. Siblings are \$15 each. Payment due at drop off or before.

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## **Items needed for your child's file:**

- \_\_\_\_\_ Copy of child's birth certificate
  - \_\_\_\_\_ Copy of child's current immunizations papers
  - \_\_\_\_\_ Completed registration
  - \_\_\_\_\_ Copy of authorized adult's driver's license for pick up
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## **SUPPLY LIST**

1. Comfortable clothes.
2. Extra pair of clothing and shoes.
3. Toddler bed sized sheet and blanket for rest time.
4. Inside shoes.
5. Closed toe shoes.
6. Water Bottle.
7. Lunch (morning and afternoon snack is provided)
8. Sun screen
9. Towel (summer session only)
10. Water clothes/bathing suit with a shirt and bottoms (summer session only)

**Please label all of your child's items**

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# Mother's Morning Out Registration – Meadows Montessori School

## Ages 2-14

Student's Name -Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Name called: \_\_\_\_\_ Gender:  Male  Female

Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

(Full Address's Required)

Phone: \_\_\_\_\_

Child's Living Arrangements:  Both Parents  Mother  Father  Other \_\_\_\_\_

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

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

**PRIMARY EMAIL ADDRESS** \_\_\_\_\_

If parents are divorced, who has legal custody?  Mother  Father  other \_\_\_\_\_

Who has physical custody?  Mother  Father  other \_\_\_\_\_

Person responsible for billing:  Mother  Father  other \_\_\_\_\_

Is child adopted?  Yes  No is he/she aware of adoption?  Yes  No

**General health** Significant medical history that we should be aware of: \_\_\_\_\_

Physical limitations/disease: \_\_\_\_\_

Please check if your child has or has ever had any of the following conditions:

Allergies-Yes/No (If YES-Allergic to \_\_\_\_\_)

Asthma  Hay Fever  Chicken Pox  German measles  Rheumatic fever

Mumps  Scarlet Fever  Whooping Cough

Please check if your child has or has ever had any of the following:

Taken medication for ADHD or ADD  Received special services related to a disability

Received special program or services related to behavior

Child's Physician: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

**Release-to Persons** – These persons have permission to pick up the child when guardian(s) is not able to do so. In addition, **a copy of the release-to person's driver's license must be kept on file:**

*\*Full address is required.*

<u>Name</u>	<u>Relationship</u>	<u>*Address</u>	<u>Phone #</u>

**Emergency Contacts**- These persons may be contacted in an emergency when guardian(s) may not be located:

*\*Full address required.*

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone #</u>

## Photo Release Form for Minors (if under 18)

The **Meadows Montessori School** has my permission to use my or my child's photograph publicly. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



# 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