

Items Needed With Registration Packet

- _____ Copy of Current immunizations, form #323I
- _____ Copy of all adult driver licenses authorized to pick up child
- _____ Copy of child's birth certificate
- _____ Copy of child's social security card
- _____ Application/Registration Packet
- _____ Half of 1st month's tuition (non-refundable)
- _____ One time only Registration fee (non-refundable) and Yearly supply fee

SUPPLY LIST

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

MONTESSORI ENROLLMENT APPLICATION

School Year _____

Date of desired entry: _____

Today's Date _____

Program applying to: (check all that apply)

- Infant (6 weeks - 12 to 18 months)
Toddler (~12 - 36 months)
Private (~2.5-6 yrs)
GA Pre-K (4yrs by September 1st)
All Day (6:30 am - 6:00 pm)
Academic Day (8:00 am - 2:30 pm)
Half Day (8:00 am - 12:00 pm)
Before & After-School Care (until 6:00 pm)

Student's Name -Last _____ First _____ MI _____

Name called: _____ Gender: Male Female

SS# _____ Birth date: _____ Birthplace: _____

Home Address: _____ City, State, Zip: _____

Home Phone: _____

Child's Living Arrangements: Both Parents Mother Father Other

(Full Address's Required)

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Mobile Phone: _____ Mobile Phone: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

Employer: _____ Employer: _____

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

Sibling(s) Name Age Grade School Lives with Child (Y/N)

Blank lines for sibling information.

Language(s) spoken in the home: _____

Any other language exposure? _____

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>

Milestones in your child's development (for 3-6 yr old applicants only)

At what age did your child walk? _____

At what age did your child first speak in complete sentences? _____

Is your child independent in the bathroom (toilet trained)? Yes No In the process

If yes, at what age was he/she toilet trained? _____

How does your child let you know that he/she needs to go to the potty? _____

Educational or psychological evaluations that have been completed: _____

List all of child's extracurricular activities

List child's favorite play activity

List any special interests the child has

Does child have a pet at home? Yes No

If yes, what type of pet & name: _____ **Prior Schools:**

Other school(s)/childcare centers enrolled:

Name of school/center: _____ Location: _____

Dates attended: _____ Grade level: _____

Name of school/center: _____ Location: _____

Dates attended: _____ Grade level: _____

What other schools are you considering? _____

How did you find out about Meadows Montessori School (If publication, be specific)?

What are your educational goals for your child?

How do you see Meadows Montessori facilitating these goals?

What role do you expect to play in facilitating these goals?

Please include any other information that you might want us to know about your child.

I declare that the above information is true to the best of my knowledge.

Parent Signature _____

Date _____

Enrollment Contract

Student Name _____

Age _____

Student Social Security Number _____

Date of Birth _____

Curriculum (check one)

Infant (1/2 Day) _____

Infant All day _____

Toddler (1/2 Day) _____

Toddler Full Day _____

Primary (1/2 Day) _____

Primary Full Day _____

3 days _____ 4 days _____ 5 days _____

A Non-Refundable Deposit of half the monthly tuition rate is due upon completion of the registration to hold your child's spot in the classroom. This deposit will be applied to your first month's tuition.

PLEASE READ THIS CONTRACT BEFORE SIGNING

Terms of Enrollment

Other Fees:

One Time Enrollment Fee: \$65 (NON REFUNDABLE)

Yearly Supply Fees: \$50 (NON REFUNDABLE)

Credit Card Payment Fee: \$3.00 per charge

All tuition and other fees are due on the **1st day of each month**. If there is a school holiday on the 1st, please make payment before the 1st of the month. If paying weekly, payment is due on Monday of the school week. If there is a school holiday on Monday, please make payment the week before. Late payments will be assessed a **\$30** late fee per month or **\$10** per week for payments received after the 1st day of the month or after Monday, respectively. Checks returned by the bank will be assessed a **\$30** processing fee. Other incidentals are payable upon receipt of statements throughout the year.

Meadows Montessori School must rely on tuition to meet operating expenses. As a service organization, a major portion of the school's expense is related to mortgage, insurance, utilities, as well as teacher and staff salaries. Since salary obligations are contractual in nature and are based on income projected by each enrollment contract, it is essential that the income from tuition be assured for the entire year. For this reason, it is understood that a student is enrolled for the entire school year. If, for any reason, you must cancel enrollment during the school year, a minimum 2 week notice is required and a sum of one month's tuition is due in addition to current tuition to cancel this contract.

Students and parents are subject to all rules and regulations of the current student handbook. The tuition deposit submitted with this contract is **non-refundable**. If you are in breach of payment with any other contract you are considered in breach of payment on this contract.

ENROLLMENT MAY BE CANCELED IN WRITING BY THE PARENT OR GUARDIAN WITHOUT PENALTY (EXCEPT FORFEIT OF THE DEPOSIT AND REGISTRATION) PRIOR TO OR ON July 1st OF EACH CALENDAR YEAR FOR THE UPCOMING SCHOOL YEAR. IF ENROLLMENT IS CANCELED AFTER THE FIRST TWO WEEKS OF THE TRIAL PERIOD, PARENTS OR GUARDIANS ARE OBLIGATED TO PAY THE FULL TUITION CHARGES FOR THE CURRENT MONTH.

I agree to the above terms & conditions: _____ (sign)

_____ (print)

Date: _____

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 re-enrollment 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; Driver's License of Authorized Person for Pick Up; 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 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 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.

MEADOWS MONTESSORI SCHOOL TERMS & CONDITIONS AGREEMENT

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: _____ Child's Name: _____

SPECIAL MEDICAL INFORMATION\AUTHORIZATION FOR EMERGENCY CARE

Child's Full name _____

- My child 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

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

Check us out at: Meadowsmontessori.com or

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

Call us at: 770-218-6347

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