



Johns Creek Montessori School Of Georgia

ENROLLMENT FORM

Pre-Primary (Toddler) Primary Half Day Full Day All Day

Start Date: _____

Child's Information:

Child's Name _____

Nickname _____

Date of Birth _____

Street Address _____

City _____

Zip Code _____

Subdivision Name _____

Primary Language Spoken _____

Parent/Guardian 1 Information:

Parent/Guardian 1 Name _____

Home Phone _____

Mobile Number _____

Street Address _____

City _____

Zip Code _____

Place of Employment _____

Business Phone _____

Email Address _____

Employment Street Address _____

City _____

Zip Code _____

Parent Guardian 2 Information:

Parent/Guardian 2 Name _____

Home Phone _____

Mobile Number _____

Street Address _____

City _____

Zip Code _____

Place of Employment _____

Business Phone _____

Email Address _____

Employment Street Address _____

City _____

Zip Code _____

Living Arrangements:

Child lives with: Mother Father Both Parents Legal Guardian Other

Are there any custody arrangements for your child? Yes No Please explain: _____

(A court order with supporting documentation describing custody arrangements and restrictions must be provided.)



Johns Creek Montessori School Of Georgia

Health Information:

Name of pediatrician or child's primary health care source

Phone Number

Name of dentist

Phone Number

Does your child have any allergies or food restrictions? _____ If yes, please describe and attach care plan: _____

Does your child have any diagnosed special needs, medical or mental conditions? _____ If yes, please describe: _____

Are your child's activities restricted by any special needs, developmental disabilities, medical or other conditions? _____ If yes, please describe: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: **NONE** **YES**

Please explain: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns unmentioned above: **NONE** **YES** **Please explain:** _____

Other Helpful Information: _____

Medical Insurance Information:

Insurance Carrier

Member Services Phone Number

ID or Policy #

Insured's Name

Insured's Date of Birth

Emergency Medical Authorization:

Should my child suffer an injury or illness while in the care of Johns Creek Montessori School of GA and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/we can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Permission is granted to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child. I agree to accept the financial responsibility for all medical and transportation expenses incurred.

In consideration of the registration of my child, I release Johns Creek Montessori School of GA and their related companies, directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the school, or participation in the programs and activities conducted by the School other than to the extent caused by the negligent or willful misconduct of the School and their related companies, directors, officers, employees and agents.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date



Johns Creek Montessori School Of Georgia

Family Agreement

PLEASE CHECK ALL THAT APPLY:

1. TRANSPORTATION:

I hereby give do not give my consent for my child to be transported and supervised by the operation's employees for emergency care.

2. WATER ACTIVITIES:

I hereby give do not give my consent for my child to participate in water sprinkler play

I hereby give do not give my consent for my child to participate in splashing/wading pools

I hereby give do not give my consent for my child to participate in water table play

3. VIDEO/PHOTOGRAPHY: I give permission for my child to be photographed and videotaped for use by or on behalf of the facility for educational, training, curriculum, marketing and similar purposes: Yes No

4. DAYS/HOURS: Johns Creek Montessori School of GA agrees to provide educational services for my child according to the published School Calendar. I/We understand that Johns Creek Montessori School of GA's hours of operation are from 7 am to 6 pm, Monday through Friday. I/We will pick up our child(ren) at the appropriate dismissal time; otherwise we will be charged a Late Pick Up Fee in accordance with the Parent Handbook.

5. MEDICATION AUTHORIZATION: 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, and 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.

6. I/We authorize Johns Creek Montessori School of GA to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby Wipes Band-aids Neosporin or similar ointment Sunscreen
 Bactine or similar first aid spray Insect Repellent Non-Prescription ointment (such as A & D, Desitin, Vaseline)
 Baby Powder Other (please specify) _____

7. SAFETY: 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.

8. RECORDS: 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, and immunization records, etc.

9. INCIDENT REPORTS: The school agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable disease, which include my child.

10. CONFERENCES/PROGRESS REPORTS: I am advised that the school will notify me of my child's progress, issues relating to his/her care and any individual special needs. Formal Parent Teacher Conferences will be held twice each year (Fall and Spring). Additionally, I may request a conference with my child's teacher at any time.

11. PARENT INVOLVEMENT: Johns Creek Montessori School of GA encourages parents to volunteer and attend all functions. I will receive regular communications regarding these event and opportunities.

12. NO EMPLOYMENT: I will not solicit, employ or enter into any contract with any employee of Johns Creek Montessori School of GA to perform child care or similar services under any circumstances without the express consent of Johns Creek Montessori School of GA. If I employ or contract with any employee of Johns Creek Montessori School of GA or person who within one year of the date of such employing or contracting was employed or under contract with Johns Creek Montessori School of GA, I will pay the School a placement fee of \$5,000.

13. PARENT HANDBOOK: I have received, reviewed and understand the Parent Handbook and related information concerning the school and the educational services provided by Johns Creek Montessori School of GA. I will use the program in accordance with the terms of the Parent Handbook and the policies and procedures made available at the School. Use of the School and the services may be denied in the event I do not comply with the terms of this Agreement, or when determined by the School to be in the best interests of my child or the children enrolled in the School. The availability of these services is subject to change at any time.

14. REGISTRATION AND PAYMENTS: Registration must be fully completed prior to my child attending the School. Where applicable, all registration fees and/or tuition fees must be paid in connection with the registration of my child and use of the program.

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the Parent Handbook, containing the facility's operational policies including those for discipline and guidance.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date



Johns Creek Montessori School Of Georgia

PERMISSION FORM

Child's Name _____

Date of Birth _____

1. Parents often request a class directory to aid in coordination of car pools, play dates, and sending birthday invitations. May we have your permission to put your child's name, address, phone number, email address, and birthday on our community list?

_____ Yes, I give permission for you to add my child's name to the class directory.

_____ No, I do not give permission to add my child's name to the class directory.

2. Email helps us to get information to you more quickly, plus it helps to save some trees! Please tell us if you prefer paper or email communications and if email, please neatly print your email address.

_____ I prefer to receive all communications on paper.

_____ I prefer to receive most communications via email.

Email address: Parent/Guardian 1: _____

Parent/Guardian 2: _____

3. We often take videos and photos of the children working to be used on our website and for educational, training, curriculum, marketing, and similar purposes. We also take pictures to be included in scrap books, art projects, and other school-related activities. May we have your permission to take video and/or pictures of your child during the school day for use by or on behalf of Johns Creek Montessori School of GA?

_____ Yes, I give permission for you to take pictures of my child to use as described above.

_____ Yes, I give permission for you to take pictures of my child for **classroom purposes only**. I understand these photographs will only be used within the school and will not be published on any website or used for any marketing purpose.

_____ No, I do not give permission for you to take pictures of my child.

4. We have set up a school website through Shutterfly to help keep you up-to-date about your children's activities at school. You will be receiving an email shortly with an invitation to register to use this site. Our information on the site will be private - only invited, registered members with a password (Johns Creek Montessori School of GA staff and families enrolled in our school) may view any of our group information.

_____ I give permission for pictures of my child to be displayed on the Johns Creek Montessori School of GA Shutterfly share site and realize it will be viewable only by parents and staff of the school.

_____ I do not give permission for pictures of my child to be put on this web site. (Note that you are still more than welcome to view the web site and read the blogs if you select this option.)

Parent/Guardian 1 Signature _____

Date _____

Parent/Guardian 2 Signature _____

Date _____



Johns Creek Montessori School Of Georgia

EMERGENCY CONTACT INFORMATION

Child's Name _____

Date of Birth _____

Street Address _____

City _____

Zip Code _____

Allergies _____

Parent/Guardian 1 Information:

Name: _____	Email: _____
Phone 1: _____	Phone 2: _____

Parent/Guardian 2 Information:

Name: _____	Email: _____
Phone 1: _____	Phone 2: _____

Emergency Contacts (Other than Parents):

If no one other than parents should be contacted in case of emergency, please indicate "Not Applicable"

Emergency Contact 1	Name: _____	Relationship: _____
Phone: _____	Street Address: _____	City, State, Zip Code: _____
Emergency Contact 2	Name: _____	Relationship: _____
Phone: _____	Street Address: _____	City, State, Zip Code: _____

Authorized Pick Up/Drop Off (Other than Parents):

All persons authorized to pick up child will need to provide valid proof of identification on time of pick up and to retain in student file. If no one other than parents is authorized to pick up child, please indicate "Not Applicable"

Authorized Pick Up 1	Name: _____	Relationship: _____
Phone: _____	Street Address: _____	City, State, Zip Code: _____
Authorized Pick Up 2	Name: _____	Relationship: _____
Phone: _____	Street Address: _____	City, State, Zip Code: _____



Johns Creek Montessori School Of Georgia

Lunch Information Sheet

Child's name _____

Birthday _____

Choose one:

Vegetarian Meals

Regular Meals

Please list any dietary limitations, i.e. no beef, no eggs, no dairy:

Please list any food allergies:

Parent/Guardian 1 Signature _____

Date _____

Parent/Guardian 2 Signature _____

Date _____



Johns Creek Montessori School Of Georgia

JCMSOG Parent Handbook

To review the JCMSOG Parent Handbook in its entirety, please go to <http://www.jcmsog.com/wp-content/themes/kids/pdf/parent-handbook-2014-2015.pdf> or you can go to jcmsog.org and click on "Parents" from the top menu bar, scroll to the bottom of the page, and click on the button that says "Download Parent Handbook".

I have reviewed and agree to abide with all JCMSOG policy and procedures as outlined herein, or otherwise provided to me or made available to the school community for inspection. I acknowledge and understand that should I violate any JCMSOG policies or procedures, such violation may constitute grounds for JCMSOG to deny further admission to my child.

Child's Name (Please Print)

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date