



# Johns Creek Montessori School of Georgia

## STUDENT APPLICATION

Level:  Infant (8 weeks to 15 months)  Toddler (15 months to 3 years)  Primary (2.5 years to 6 years)

Program:  Half Day (8:00 AM to 12:30 PM)  Full Day (8:00 AM to 3:30 PM)  All Day (7:00 AM to 6:30 PM)

Application Date: \_\_\_\_\_

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



## 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



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 \_\_\_\_\_



**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"

<b>Emergency Contact 1</b>	Name: _____	Relationship: _____
Phone: _____	Street Address: _____	City, State, Zip Code: _____
<b>Emergency Contact 2</b>	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"

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



**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 [JCMSOG Parent Handbook \(http://bit.ly/jcmsogparenthandbook\)](http://bit.ly/jcmsogparenthandbook) or you can go to [jcmsog.org](http://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.

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Child's Name (Please Print)

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Parent/Guardian 1 Signature

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Date

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Parent/Guardian 2 Signature

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Date