



# Enrollment Application Form

Montessori Academy  
www.scottmontessoriacademy.com  
[scottmontessoriacademy@gmail.com](mailto:scottmontessoriacademy@gmail.com)

189 Sams Street  
Suite A  
Decatur, GA 30030  
(404) 320-0400

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## PROGRAM:

- |   |   |
|---|---|
| <input type="checkbox"/> Infant Class (6 wks to 14 mo)  | <input type="checkbox"/> All Day (7:00 AM – 6:00 PM)  |
| <input type="checkbox"/> Toddler Class (14 mo to 3 yrs) | <input type="checkbox"/> Full Day (8:30 AM – 3:00 PM)   |
| <input type="checkbox"/> Primary Class (3 yrs to 6 yrs) | <input type="checkbox"/> Half Day (8:30 AM – 12 Noon) toddlers only                           |
|   | <input type="checkbox"/> Part time (less than 5 days – limited avail. (primary/toddler only)) |
|   | <input type="checkbox"/> Early Bird (7:00 AM – 8:30 AM - Full and Half day program only)      |
|   | <input type="checkbox"/> Late pick up (3:00 PM – 6:00 PM - Full day program only)             |

WHAT DATE WOULD YOU LIKE YOUR CHILD TO START? \_\_\_\_\_

Please select the days of the week your child will attend (part-time children only): ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Parent (or Guardian): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address \_\_\_\_\_ Email: \_\_\_\_\_

Parent (or Guardian): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_

Please contact the following people in case of an emergency when the parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

In addition to parents/guardians, I hereby authorize the Montessori Academy Scott Boulevard (MASB) to allow my child to leave the school ONLY with the following people. Please list names and phone numbers for each. Children will ONLY be released to a parent or a person designated by the parent/guardian after verification of ID.

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone:	Phone:	Phone:

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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*One of the following must be presented when your child is admitted to school. Please check your option:*

\_\_\_\_\_ A current Immunization Certificate, Form 3231

\_\_\_\_\_ I am excluding my child from the immunizations and health requirements for medical reasons or religious beliefs.  
I have attached an official notarized affidavit form. I understand this affidavit is valid for 1 year.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***A Certificate of Ear, Eye and Dental Examination, form 3300 is required for all children who turn 4 and older as of September 1<sup>st</sup>. Results of testing done by a certified professional must be kept in the child's permanent file at school***

### Childs Medical Information

Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Severity of Condition: \_\_\_\_\_

Precautions to Take: \_\_\_\_\_

Actions to be Take in Case of Emergency: \_\_\_\_\_

Medications to be Taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

Severity of Condition: \_\_\_\_\_

Precautions to Take: \_\_\_\_\_

Actions to be Take in Case of Emergency: \_\_\_\_\_

Medications to be Taken: \_\_\_\_\_

List any other special needs your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and/or any information of which the caregiver's should be aware. **If none apply please write "none":** \_\_\_\_\_

\_\_\_\_\_



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### Authorization for Emergency Medical Attention

Should my child, **Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ ,  
suffer any injury or illness while in the care of **Montessori Academy Scott Boulevard**, 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) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of changes in telephone numbers, emergency contacts, and where I can be  
reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. In  
the event my child should require professional medical attention while in the care of the center, I understand that my  
child will be transported to the nearest medical facility, which is:

**Dekalb Medical Center**  
**2701 North Decatur Road**  
**Decatur, GA 30033**  
**(404) 501-1000**

My child's primary source of health care is:

\_\_\_\_\_  
Physician/Clinic Name

\_\_\_\_\_  
Telephone No.

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_



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### THE FOLLOWING INFORMATION IS ALSO DETAILED IN YOUR PARENT HANDBOOK

#### **Fees and Expenses:**

1. A non-refundable application fee of \$75.00 per family and deposit will be due when application is submitted.
2. A non-refundable registration/activity fee of \$200 is due by July 31<sup>st</sup>.
3. Tuition is BILLED on the 25<sup>th</sup> of the month preceding (i.e. January 25<sup>th</sup> for February tuition). Tuition is DUE on the 1<sup>st</sup> day of the month. Tuition will be prorated if your child begins school after the 15<sup>th</sup> day of the month.
4. The deposit (equal to ½ month's tuition), which is non-refundable, will reserve your child's place at MASB. With a 60 day written notice, the deposit will be applied to the final month's tuition.
5. Re-enrollment occurs each spring and is your family's commitment for the Fall semester. Re-enrollment may only be applied to September tuition.

#### **Financial Commitment:**

1. Tuition is considered late after the 1<sup>st</sup>; a late fee of \$25.00 is assessed on all unpaid balances after the 1<sup>st</sup> of the month.
2. Delinquent accounts are automatically sent to an outside collection agency.
3. Your account must be current for your child to attend school.
4. The fee for return checks is \$50.00. Please submit cash or money order for the full value of the original check and the return check fee to the Administrative Office within two working days. Uncollected checks are automatically sent to an outside collection agency. If you have more than one returned check, you must submit your future payments via cash, cashier's check or money order.
5. As tuition is a standard recurring charge, statements are only issued by request or when your account is past due.
6. If you arrive after 6:00 p.m., a late fee will be assessed. The fee is \$1.00 for each minute after 6pm. Your account will be billed and payment MUST be made to the Administrative Office within two days.

Signature of Parent/Legal Guardian: \_\_\_\_\_

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



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### PARENTAL AGREEMENT

1. **Montessori Academy Scott Boulevard** agrees to provide the following services:

☐ Infant Class (6 wk to 14 mo)    ☐ All Day (7:00 AM – 6:00 PM)    ☐ Full Day (8:30 AM – 3:00 PM)  
☐ Toddler Class (14 mo to 3 yrs)    ☐ Half Day (8:30 AM – 12 Noon)    ☐ Early Bird (7:00 AM – 8:30 AM)  
☐ Primary Class (3 yrs to 6 yrs)    ☐ Late Pick-up (3:00 PM – 6:00 PM)

The following meal plan will be provided by MASB: breakfast, lunch, morning and afternoon snacks.

2. Before any medication is dispensed to my child, I will complete the required *Authorization for Medication* form 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 must 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, immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, exposure to communicable diseases, which include my child. Children with contagious illnesses are not allowed to attend the center. Should my child become ill during operating hours, has a temperature of 99 degrees or higher, is vomiting or has a loose stool, I will be contacted to pick your child up. I further understand that my child will not be allowed to return until he/she is symptom free for 24 hours, or has a physicians notice to return to day care.
6. All Parents who wish enrollment for their child(ren) at the Montessori Academy Scott Blvd. must sign the following: I hereby give my permission for my child to take part in all School activities, including field trips and events away from the School premises. Further I understand that certain School related activities such as travel and play on the playground contain an inherent risk of injury and on behalf of myself and my child, I hereby release the School, its agents and employees and waive any claim I or my child and/or our heirs, executors, administrators and assigns may have against them for any injury or disability incurred either at School or during any off campus activity except for claims arising from the active misconduct or gross neglect of School personnel.
7. I consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by the Montessori Academy Scott Blvd. This release gives the Montessori Academy Scott Blvd. the right to use the above listed visual material in conjunction with the teaching, instruction, training, publicity, information and education of employees or the general public. I hereby release the Montessori Academy Scott Blvd. and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated use.
8. I agree to provide **Montessori Academy Scott Boulevard** a 60-day written notice prior to termination of enrollment. I understand that failure to do so will result in my account being billed the full monthly tuition, for which I agree to pay.
9. I have received a copy and agree to abide by the policies and procedures for **Montessori Academy Scott Boulevard**. I understand that failure to do so may result in termination of my child(ren)'s enrollment.

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

Date \_\_\_\_\_

Signature (Facility Representative) \_\_\_\_\_

Date \_\_\_\_\_