



3036 Old Atlanta Road at Windermere Pkwy
 Cumming, GA 30041
 Phone: 678-208-0774 Fax: 678-208-0775
www.mkaga.com

PARENTAL AGREEMENT WITH MONTESSORI SCHOOL

1. The Montessori Kids Academy agrees to provide childcare for _____
 (Name child is called) and _____ (name child is called) on M-T-W-T-F
 (Days of week) from: _____ until _____. (specific hours)

2. The child may be released to the person(s) signing this agreement, or to the following:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. I agree to pay the total monthly fee of \$_____ on the 1st for the upcoming month.

4. I agree to provide the center with all necessary information (date, prescription #, etc.,) pertaining to administering medicine to my child.

5. I understand my child will be provided with all snacks and lunch served daily during their hours of attendance.

6. I understand that it is my responsibility to escort my child into and out of, and to sign my child in and out of the center. I understand that a staff member will escort my child into the center when being transported using Montessori Kids Academy transportation.

7. I understand I am totally responsible for any special diet required by my child.

8. Transportation is provided to and from school and on planned field trips with parental permission. A separate form and signature are required for this service. A school transportation form can be signed once for each school year. A field trip form must be signed before each trip.

9. Should my child become ill during the time that he or she is in the care of Montessori Kids Academy, or suffer an accident of any nature, the center will undertake to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary. (The parent will assume responsibility for payment). I agree to keep the center informed as to changes in telephone numbers, etc., where I may be reached.

10. My child has the following special need(s) _____

11. The following special accommodation(s) may be required to most effectively meet my child's needs while at this center: _____

12. 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: _____



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13. I understand that if my child is ill, including, but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature over 100°, severe headache, upset stomach, or diarrhea, he or she cannot be accepted into the center until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the center.

Montessori Kids Academy will notify parents if a notifiable disease has been introduced into the center.

14. Emergency contact and release when parents cannot be reached:

NAME ADDRESS TELEPHONE

15. Physician to be contacted when parents cannot be reached:

NAME ADDRESS TELEPHONE

16. If I have not picked up my child by 7:00 p.m., and all attempts to contact me and all emergency contacts fail, Montessori Kids Academy will call Family and Children Services and Police.

17. I understand that it is my responsibility to keep the center advised on changes of addresses, phone numbers, etc.

I agree to abide by all policies and procedures of Montessori Kids Academy as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Signed: _____
Parent or Guardian

Date: _____

Signed: _____
Director/Assistant Director

Date: _____



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Child Profile

Child Name: _____

Birth Date: ____/____/____

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development your child has made. We need your input on any changes taking place outside of school that may have an affect on your child while in our care. Thank you for your cooperation.

1. Has your child had previous Montessori or preschool experiences:

Yes ___ No ___

Explain:

2. What would you like most for your child to experience with us?

3. What does your child most enjoy doing?

4. Does your child have any fears?

5. Do you consider your child shy or outgoing?

6. What are your child's favorite toys?



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7. About what things does your child express the most curiosity?

8. Does your child play with other children? Yes ___ No ___

9. List the names and ages of other children in your family.

10. What words are spoken in your home for toileting?

11. Does your child take a nap? Yes ___ No ___ how long? _____

12. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap?
Yes ___ No ___

13. How many hours of sleep does your child usually receive at night? _____

14. Does your child have allergies? Yes ___ No ___
Explain:

15. Does your child have any special medical or physical needs? Yes ___ No ___
Explain:

15. Do you have a special interest or hobby you would like to share with the children?

16. Are you available to help us with field trips or other special events?
Yes ___ No ___

17. Does anyone else care for your children? Yes ___ No ___ (Grandparents, Neighbors,
etc.) Who?

18. What language is spoken in your home?



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HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name: _____ Birth Date: _____

Address: _____

Phone: _____

Does the child have physical problems, mental health disorders, or developmental disabilities, which would limit the child's participation in the program and activities?

Yes _____ No _____

Specify: _____

Does the child have allergies? (foods, medications, insects, etc.)

Yes _____ No _____

Specify: _____

Are there any special procedures that are required in caring for the child?

Yes _____ No _____

Specify: _____

First emergency contact		Relation		Phone		Cell	
Second emergency contact		Relation		Phone		Cell	
Third emergency contact		Relation		Phone		Cell	

I, _____ give my permission for Montessori Kids Academy to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Montessori Kids Academy from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's signature _____ Date: _____

Montessori Kids Academy emergency medical procedure will be:

1. Contact parent
2. Contact person listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport to nearest hospital
5. Will seek medical attention from:

Doctor: *The doctor on call from the hospital, and the phone number of the hospital stated below:*

Hospital center uses: _____



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Photo Release

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

Minor's Name

(Parent) or (Guardian) Circle one

PRINTED NAME

PRINTED NAME



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TRANSPORTATION AGREEMENT

Montessori Kids Academy
Address: _____

I, _____, agree for, _____ to be
(Parent's Name) (Child's Name)

transported by Montessori Kids Academy on field trips _____ emergencies only _____
(check all that apply)

TRANSPORTATION GUIDELINES

In the event the designated location is unable to receive children they will be returned to Montessori Kids Academy.

Children will not be left unattended in any vehicle used for transportation.

Children will wear seat belts.

It is **vital** that Montessori Kids Academy be notified of any changes in the above scheduled transportation.

Montessori Kids Academy will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by Montessori Kids Academy at the earliest possible time.)

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

YOU WILL RECEIVE A COPY OF THE RULES THAT CHILDREN ARE EXPECTED TO FOLLOW WHILE IN THE VEHICLE. WE ASK THAT YOU REVIEW THESE RULES WITH YOUR CHILD/CHILDREN.

IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.



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Parent/Guardian Agreement

I have read and understand the contents of the Montessori Parent's Handbook and agree to abide by the stated policies and procedures. I also agree to abide by the contract that is attached and agreed upon at the pre-enrollment interview.

Child's Name (print)

Child's Name (print)

Child's Name (print)

Child's Name (print)

Parent's Name (print)

Signature

Date: _____ / _____ / _____

Parent's Name (print)

Signature

Date: _____ / _____ / _____