

A.A.I.M.S. Montessori School

3665 Swiftwater Park Drive, Suwanee, GA 30024
678-546-7700/678-350-3626
www.aaimsschool.com

Student Registration Form

Child's First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Primary language (If not English): _____

Child's Living Arrangements: Both Parents Mother Father Other: _____

Child's Legal Guardian: Both Parents Mother Father Other: _____

Mother's Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Place of employment: _____ Employer's Street address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Place of employment: _____ Employer's Street address: _____

City: _____ State: _____ Zip: _____

Does your child have any food restrictions? (Vegetarian, Dietary restrictions, allergies, etc.): _____

Does your child have any other allergies? (Please specify): _____

What kind of temperament does your child have? :

Mild Mannered Mild Defiant Aggressive (tantrums, meltdowns, biting, hitting, etc.)

Is there any additional information we should know?

Enrollment Fees:

Application Fees (non-refundable/one-time fee) \$150, Annual Registration Fees \$300, Nap mat (one-time fee) \$50

Tuition Schedules- Please circle the desired time frame (Tuition is due monthly and is not pro-rated)**

5 days/wk 4 days/wk 3 days/wk Extra Day

| | | | | |
|--|---------------|--------------|-------------|----------|
| Bright and Early Care Program 7:00 a.m. – 8:00 a.m. | \$150/month | \$120/month | \$90/month | \$10/Day |
| Early Care Program 8:00 a.m. – 8:30 a.m. | \$ 100/ month | \$80/month | \$60/month | \$7/Day |
| Half-Day Program 8:30 a.m. - 12:30 p.m. | \$900/month | \$800/month | \$700/month | \$60/Day |
| Full Day Program 8:30 a.m. - 3:00 p.m. | \$1000/month | \$900/month | \$800/month | \$70/Day |
| Extended Program 8:00 a.m. - 5:00 p.m. | \$1100/month | \$1000/month | \$900/month | \$80/Day |

*There are no make-up days for absences or holidays.

**if you are enrolling more than one child, the prices are per child and there are no sibling discounts.

Please specify days the child will attend (check): Monday Tuesday Wednesday Thursday Friday

Child's Entry Date: _____

Enrollment fees paid: Amount: \$ _____ Cash (yes/no) Check#: _____ Date received: _____

Parent information (if different from child):

Mother's home address: _____

City: _____ State: _____ Zip: _____

Father's home address: _____

City: _____ State: _____ Zip: _____

Authorized Pick -Up List -Please note anyone other than the parents will be asked for identification before the child is released. The child may be released to the person(s) signing this agreement or to the following:

First Emergency Contact (Please provide this information in case parent/guardian cannot be contacted)

Name: _____ Phone: _____ Relationship to the child: _____

Address: _____

Name: _____ Phone: _____ Relationship to the child: _____

Address: _____

Name: _____ Phone: _____ Relationship to the child: _____

Address: _____

Name: _____ Phone: _____ Relationship to the child: _____

Address: _____

Name: _____ Phone: _____ Relationship to the child: _____

Address: _____

Medical Information:

Child's doctor / clinic name: _____

Doctor/Clinic phone #: _____

My child has the following special/medical needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at A.A.I.M.S.:

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: _____

Photography/Video Release

I hereby grant A.A.I.M.S. Montessori School permission to photograph/videotape my child, _____. I understand that my child may be photographed at A.A.I.M.S. Montessori School during normal care hours, in-house field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet. I understand that A.A.I.M.S. Montessori School will not use my child's photograph or video for anything other than school activities, the A.A.I.M.S. Facebook page, and the A.A.I.M.S. Montessori School website. I understand that my child's full name will not be released to the public for any reason without my permission. I understand that photos containing my child and other students may be shared with other parents. The pictures taken of my child will be for educational and appropriate purposes only.

Parent/Guardian Signature: _____ **Date:** _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ (Date of Birth) _____ suffer an injury or illness while in the care of (Facility Name) **A.A.I.M.S. Montessori School** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such professional medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment of services.

Parent/Guardian Signature: _____ **Date:** _____

Facility Administrator Signature: _____ **Date:** _____

Parent Handbook

A.A.I.M.S. Montessori School requires all parents to sign this in agreement with the parent handbook posted on our website. This acknowledges your understanding of our policies and specifically the highlighted information below. For the safety of the children please review the following:

- At all times parents must drive slowly in the parking lot and anywhere around AAIMS.
- If your car is not under the awning (the first 2 cars in line) do not bring your child out and walk them to the door. The third and farthest lane (not under the awning) must be left open at all times. It is not an additional carpool lane.
- Please be patient. Do not rush or run with your child through the driveway if you are hurrying to get to work.
- ALL children must be buckled in the back with a car seat or booster seat for their appropriate height and weight before leaving AAIMS property.
- I will not leave a sibling or any child in my car unattended by an adult. While dropping off children I will not leave them in the lobby. I will leave them in the care of the carpool teacher or the teacher for their class if I am late.
- I will not allow a sibling or any student to run around the interior of AAIMS School or exterior (parking lot area). I will be accountable for siblings, at all times, while picking up my child.
- I will never open the door for anyone. Even if I recognize a parent.
- I am aware of the school calendar, newsletters, and emails the school sends to keep myself updated on any events or school closings.
- Our school is Nut, beef, and pork free.
- No toys, blankets, or items from home are allowed.

I understand the above policies and have included/disclosed all information I am aware of that is pertinent to my child to the best of my knowledge.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Student Information

| |
|--|
| What are some things your child likes (songs, foods, or activities)? |
| What are some things your child dislikes? |
| How does your child act when they are upset? (Tantrums/crying?) |
| What calms your child down when they are upset? |
| Does your child have siblings or pets at home? How do they interact with them? |
| Please describe your child's home dynamic? Who lives with them? (Mom, dad, grandparents?) |
| Please describe rules you have at home and any consequences you may use with your child: |
| Are there any specific issues that you are currently working on? Please describe your methods: |
| What kind of screen time is allowed? What shows/movies do they watch? |
| What is their schedule like at home? What time do they wake up/go to sleep? |
| How does your child respond to basic directions? |

Parental Agreements with Child Care Facility

The AAIMS Montessori School
(Name of Facility)
agrees to provide child care for _____
(Name of Child)
on _____, beginning at _____ AM
(Days of Week)
and ending at _____ PM from _____ to _____.
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Morning Snack 9:30 AM

Lunch 11:30 AM

Afternoon Snack 2:30 PM

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), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

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, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

AAIMS Montessori School agrees to obtain written authorization from me before my child participates 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.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____
Parent/Guardian Date

SIGNED: _____
Facility Administrator / Authorized Person Date



COVID-19 ACKNOWLEDGMENT AND DISCLOSURE

Updated: January 2021

This should be initialed and signed by both parents and returned before enrollment.

_____ 1. I understand that during this COVID-19 Public Health Emergency I will not be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.

_____ 2. I understand that if there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I must wash my hands before entering, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.

_____ 3. I understand that to enter upon the facility premises/attend school my child and all members of my household must be free from any symptoms of illness. If, during the day, any of the following symptoms or others of a concerning nature appear my child will be separated from the rest of the people in the center. I will be contacted, and my child must be picked up from the facility within 60 minutes of being notified.

Symptoms include but are not limited to:

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches
- runny nose, sneezing, sinus congestion, cough, difficulty breathing, respiratory symptoms, vomiting, diarrhea, etc.

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

_____ 4. I understand that my child's temperature will be taken every 4 hours with a touchless thermometer throughout the day while on facility premises.

_____ 5. Teachers & Staff will wear masks at all times and practice social distancing as best as possible in the classroom and on the playground/premises. I understand that masks will be required for the children and will be available should a family / child or staff person wish to use one.

_____ 6. I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

_____ 7. I understand that the children's hands and shoes will be sanitized by staff on arrival each day. Staff is also disinfecting surfaces/materials/toys after each use and multiple times throughout the day.

_____ 8. I understand that outside of care, in order to control my child's exposure in the community, I will comply with state and CDC guidelines and recommendations for wearing a mask, social distancing and stay at home orders. If I travel and/or gather with those outside my household, a negative COVID test for all family members is required before my child is allowed back to school.

_____ 9. I will immediately notify AAIMS Montessori School management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

_____10. I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by AAIMS Montessori School will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____

DOB: _____

Child's Name: _____

DOB: _____

Parent #1 Name: _____

Parent Signature: _____

Date : _____

Parent #2 Name: _____

Parent Signature: _____

Date : _____

Management Team Witness Name: _____

Management Team Witness Signature: _____

Date : _____