

Weinacker's Montessori School
 28765 N Main St, Daphne, AL 36526
 Phone: (251) 259-5037



CHILD' S PREADMISSION RECORD

DHR-CDC-739
 Revised 01/01

This section is to be completed by the child's parent or guardian.
 This form must be kept in the child's file at the facility.

Child's Name:	Name child is known by:
Child's birth date:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number:
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Department/Position/Title	Department/Position/Title
Employer's address:	Employer's address:
Employer's telephone number:	Employer's telephone number:
List phone numbers such as beeper, cell phone, etc.	Instructions regarding how parent/guardian may be reached in a emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor	Address	Phone number
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Emergency Authorization:

I give permission for the childcare facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
Signature of parent/guardian Date
 Form not valid without signature of child's parent/guardian
Page one of two - form not valid without second page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the school/child care facility (home or center). The licensee of the school/child care facility assumes full responsibility for such activities.

_____ / _____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Field trips and/or other activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility to/from school and/or home:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff

Child's first day of attendance: _____ Child's withdrawal date: _____

Additional information may be attached.

Weinacker's Montessori School – Preadmission agreement

The **Registration Fee** for each child is **\$100** for September through May and **\$35** for June through August. The registration fee is **non-refundable**. It is due with this *Registration Form* before a child is admitted to school and will be charged at prescribed times during each year.

Tuition is due on the first working day of the month.. A late fee may be assessed if not paid by the 5th. There is a \$35 Collection Fee for any returned checks.

Three hours of parent involvement are required each month. Parents can sign up at the beginning of each month for volunteer hours with the child's teacher.

The school is open from **6:00 AM until 6:00 PM**. Anyone arriving to pick up their child after 6:00 PM will be charged **\$1.00 per minute** they are late. This late pickup fee is due when the child is picked up and payable no later than the next day of attendance for the child.

Services provided to children and paid for by the regular tuition rates are for very specific times of the day. **Additional hours** are available at a flat rate of **\$10.00** per hour if a child attends before or after the hours of their scheduled program. Any portion of an hour over fifteen minutes will be considered an extra hour.

Withdrawal of your child from school requires that you provide the school with a written notice to this effect at least **two weeks prior** to the withdrawal. Otherwise, you may be charged for full tuition for these weeks.

Sick children are NOT allowed at school. Parents of children with an illness will be contacted and expected to pick up their sick child immediately. We appreciate the efforts of all parents in stopping the spread of communicable diseases.

Because of the lower child/teacher ratio in the infant classroom, priority will be given to those who are full-time (attend Monday through Friday in the all day program.)

Weinacker's Montessori School, Inc., its employees and associates reserve the right to revise and change this form, including but not limited to tuition rates and hours of operation. Parents will be notified in a timely manner and not less than 30 days before the change is to take effect.

I have received a copy of the WMS Parent Handbook and agree to abide by all policies and procedures.

Furthermore, I give my permission for photographs of my child to be published or displayed (paper media or website) for advertising and marketing purposes.

By signing below, I am verifying that I have read and accept these policies. I understand that they are subject to change.

Signature of Parent or Guardian

Date

Names and ages of siblings:

Email address for parent(s)/guardian: