

START DATE: _____ END DATE: _____

Woods Creek

Montessori

2009-2010 Enrollment Form

2 Dold Place Lexington, VA 24450
540-463-6461 woodscreekmontessori.org

Child's Name: _____
Date of Birth: _____

Nickname: _____
Age at time of enrollment: _____ **mo./yrs**

Mother

Father

Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Employer: _____
Occupation: _____
Work Phone: _____

Maternal Grandparents

Paternal Grandparents

Name: _____
What your child calls them: _____
Address: _____
Home Phone: _____
Email: _____

Sibling Names and Ages: _____
Names of Others Living with Child: _____
Relationship to Child _____
Household Pets and their names: _____

EMERGENCY CONTACTS

The following individuals are permitted to pick-up the child and should be contacted if the parent(s) are unavailable:

1. Name: _____	2. Name: _____
Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____

Child's Physician: _____ Phone: _____ City/State: _____

Persons *not* Permitted to Pick Up your Child _____

Health Conditions the school needs to be aware of: _____

Known Allergies: _____

Life Threatening? Yes _____ No _____ EpiPen prescribed by physician? Yes _____ No _____

Precautions: _____

Dietary Restrictions: _____

Special Needs: _____

Enrollment Agreements

School Policies Agreements

Please initial.	
	I have read the WCM Parent Handbook. I understand the practices, policies, and procedures of the school and I agree to abide by them.
	I understand that WCM is a cooperative school and I agree to fulfill my responsibilities as a member of the co-op.
	I understand the WCM drop-off and pick-up procedures and agree to follow them.

Financial Agreements

Please initial.	
	I agree to pay fees and tuition to WCM to reserve a position for my child. All tuition and fees will be paid in accordance with the payment schedules and procedures established by the school.
	I understand that I have the obligation to pay all charges for the full academic semester unless special mutually agreeable arrangements are made with the school.
	I understand that if WCM is unable to provide educational services to my child for any cause, the balance of pre-paid tuition shall be refunded. WCM shall not be held liable for any costs or expenses incurred as a result.

Virginia Regulation Agreements

Please initial.	
	I agree to complete and submit all necessary enrollment forms to WCM. I understand that if these forms are not on record at WCM at least two weeks before my child's first day of school, her/his enrollment will be jeopardized. I will update all information as necessary.
	I agree to come to the school promptly if notified my child is sick or injured.
	I understand that school personnel may administer prescription medication to my child only with a signed medical authorization form including directions from the parents. I also understand that all prescription drugs are required to be provided to the school in the original bottle labeled with the doctor's orders as to time and dosage of administration.
	I authorize the staff at the Woods Creek Montessori to give or to authorize emergency medical care for my child when I can't be reached immediately.
	I agree not to hold the school, its employees, or Washington and Lee University liable in cases involving my child, and I will subscribe to the school's accident insurance.

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Parent Signature(s)	Date

Permission Form

Picture Publishing Consent Agreement

_____ Yes, Woods Creek Montessori has permission to include my child in photos used on their Web page, in their brochure, and for the local newspaper.

_____ No, Woods Creek Montessori does not have permission to include my child in photos used on their web page, in their brochure, and/or for the local newspaper

Field Trip Consent Agreement

_____ Yes, my child has permission to participate in walks and field trips away unless the school receives written notice from me to the contrary.

_____ No, my child does not have my permission to take walks and field trips away from the school grounds.

_____ Yes, my child has permission to be transported in a car or bus by a licensed and insured driver. I will provide a car seat for my child on these occasions.

_____ No, my child does not have my permission to be transported by car or bus driven by anyone other than me.

_____ Yes, I will be available to transport children on field trips. I will allow my current Drivers License and Insurance Information Card to kept on file at school

Parent/Guardian Signature

Print Name

Date

Parent/Guardian Signature

Print Name

Date

Director

Date