



Start Date _____

CHECK PROGRAM:

Half-Day Children's House 8:30 am - 12:30 pm Ages 3-6

M-F _____ (\$550)

MWF _____ (\$500)

Extended Day 12:30 - 2:30 Ages 3-6

M-F _____ (\$175)

Child's Name _____

Date of Birth _____ Gender _____

Address: _____ City _____

State _____ Zip _____

Parent/Guardian

Name _____

Address: _____ City _____

State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

E-Mail _____

Parent/Guardian

Name _____

Address (If different) _____ City _____

State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

E-Mail _____

IN CASE OF EMERGENCY WHEN PARENT(S) CANNOT BE REACHED, LIST PEOPLE WHO CAN PICK UP YOUR CHILD WITHIN ONE HOUR. DO NOT LEAVE THIS SECTION BLANK. * We require a photo of each person listed below as well as a picture of parents/guardians as a security measure to keep your children safe!

Name _____
Address: _____ City _____
State _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Relationship _____

Name _____
Address: _____ City _____
State _____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____
Relationship _____

Physician _____
Address _____
Phone _____
Allergies/Medical Problems:

Your signature on this application grants Wake Forest Montessori School permission for the following:

1. To allow paramedics to take your child to the nearest hospital for emergency treatment.
2. To use your child's photograph for purposes of school publicity and on the school's website.
3. To allow staff to apply first aid (see Parent Manual)

GUARANTEE OF PAYMENT

It is necessary for all parents whose children are enrolled at Wake Forest Montessori to fill out this form so that you will understand how delinquent accounts will be handled by the school. The undersigned agree that all bills are due and payable on the first of each month. The undersigned agree that a penalty charge of \$50 will be applied if payment is received after the 8th of each month. In addition, the undersigned agree to pay all attorney's fees, court costs, and/or collection agency charges or commissions if this account is referred to an attorney or collection agency for collection if any amounts are determined due.

Tuition Policy

A 30 day written notice is required prior to withdrawal of any student from the school. If a child is not in attendance for any reason, or the tuition payment has not been received, the child's space will be filled from our waiting list. Re-admittance would require a new application and application fee, provided there is a space available. (If 30-day notice is not given, you will be liable for the present month's full tuition.) A non-refundable \$50 application fee and an annual nonrefundable \$150 supply see are required when your application is submitted. These fees are not applicable to monthly tuition.

All parents/guardians are required to sign this form.

I have read the entire application and the entire WFM Parent Handbook and understand its contents, filled it out honestly and completely, and agree to all its conditions.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Office Use Only

Date Application Received: _____ Registration Fee: _____ Check# _____

Start Date: _____ Discharge Date: _____

Tuition Fee: _____ Check #: _____

I acknowledge that I have received a copy of Wake Forest Montessori's Parent Handbook.

I have read and understand the contents of this handbook and will act in accord with these policies and procedures as a condition of my child being enrolled at Wake Forest Montessori.

I understand that if I have questions or concerns at any time about the Parent Handbook, I will consult my child's teacher and or the director.

Please read your Parent's Handbook carefully to before you sign this document.

Parent/ Guardian Signature

Date

PARENT/GUARDIAN'S PERMISSION TO APPLY BUG REPELLENT TO HIS/HER CHILD

Name of Child: _____
(last, first)

As the parent/guardian of the above child, I recognize that fleas, ticks and mosquitoes are a daily risk to my child during their outdoor play. Therefore, I give permission for the staff at Wake Forest Montessori to apply a bug repellent, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 8:30 a.m. and 12:15 p.m. I understand that bug repellent may be applied to exposed skin, including but not limited to the arms and legs and clothes..

I have *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of bug repellent for my child:

___ I do not know of any allergies my child has to bug repellent.

___ My child is allergic to some bug repellent. Please use **ONLY** the following brand(s)/type(s) of bug repellent:

___ Staff may use the bug repellent of the program's choice following the directions and recommendations printed on the product container.

___ I have provided the following brand/type of bug repellent for use for my child:

___ For medical or other reasons, please do **NOT** apply bug repellent to the following areas of my child's body:

Parent/Guardian's Name:

Date: _____

Minor Photo Release Form

Wake Forest Montessori

I give Wake Forest Montessori permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against Wake Forest Montessori with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

MINOR'S NAME

YOUR NAME (Parent or Guardian, Please print)

YOUR SIGNATURE

DATE

General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, Wake Forest Montessori will take cautionary steps to provide minimum identifying information and **will not use** specific street or mailing addresses, e-mail addresses, names, or phone numbers of any students.

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child: _____
(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at: Wake Forest Montessori to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 8:30 a.m. and 12:15 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

___ I do not know of any allergies my child has to sunscreen.

___ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen:

___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.

___ I have provided the following brand/type of sunscreen for use for my child:

___ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body:

Parent/Guardian's Name:

Date: _____

