

OAK GROVE MONTESSORI SCHOOL
APPLICATION/CHILD RELEASE EMERGENCY FORM

180 Oak Grove Rd
Carrollton, GA 30117

Class Enrolled: _____ Date Enrolled: _____

Child's Full Name: _____ Birth Date: _____

Male Female Living Arrangements: _____

Parent(s) Name(s): _____ Home Telephone: _____

Home Address: _____
Street City Zip Code County

Father Employed: _____ Work Telephone: _____

Cell Telephone: _____ E-Mail Address: _____

Business Address: _____
(Required by DECAL) Street City Zip Code

Mother Employed: _____ Work Telephone: _____

Cell Telephone: _____ E-Mail Address: _____

Business Address: _____
(Required by DECAL) Street City Zip Code

Maternal Grandparents: _____ Telephone: _____

Home Address: _____
Street City Zip Code

Paternal Grandparents: _____ Telephone: _____

Home Address: _____
Street City Zip Code

Grandparent: _____ Telephone: _____

Home Address: _____
Street City Zip Code

Child's Physician: _____ Telephone: _____

Address: _____
Street City Zip Code

Allergies or other pertinent health information: _____

In the event of an emergency and the parent's are not available, the following person(s) have my permission to come and take my child home from school:

Name(s): _____ Home Telephone: _____

Home Address: _____
Street City Zip Code

Name(s): _____ Home Telephone: _____

Home Address: _____
Street City Zip Code

In the event that I cannot be reached, I give consent for medical emergency treatment for my child for which I will be financially responsible. I would like my child to be transported to this hospital _____ instead of Tanner Medical Center.

Signed: _____ Date: _____

OAK GROVE MONTESSORI SCHOOL

Parent Agreement and Emergency Medical Consent

Oak Grove Montessori School reserves the right of direct access to previous school records and further reserves the right to withhold records of withdrawing students until all accounts due are paid in full.

Oak Grove Montessori School considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts due are paid in full.

I give permission for my child to be photographed while participating in any school related activity before, during or after school hours. I also give permission for the School Administrator to use any photos containing my child for marketing, grant acquisition or general publicity on behalf of Oak Grove Montessori School.

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

I understand I must provide age appropriate immunization records to the school or a signed affidavit against such immunizations.

The payment of tuition is a condition of enrollment. I have read and understand the payment schedule for tuition. Because the School necessarily plans its operating budget on the assumption that each student enrolled will enter the school and remain for the full academic year, I agree to pay the full tuition for the year, without refund regardless of possible withdrawal or dismissal of the student for any cause.

I have read and hereby expressly agree to abide by the rules set forth in the Parent Handbook.

The parent/legal guardian signing this form releases Blackstock Montessori School, Inc, dba Oak Grove Montessori School and all School Personnel from and of any liability for such decisions or actions in seeking medical care, and agrees to pay all costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status and infant feeding plans.

I warrant that my child is physically fit and able to participate in school activities, and consents to any employee agent, or other personnel affiliated with the School to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of School's personnel for the above-named student in the event of an accident, sudden illness, or other condition that occurs while the above-named student is in the care or under the supervision of School Personnel.

Signed: _____ **Date:** _____