



## 2023-24 Application for Enrollment

### Student Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Age of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Current Daycare/Preschool: \_\_\_\_\_

### Parent/Gaurdian Information

Parent/Guardian #1 Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian #2 Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

### Emergency Contact Information (Other than Parent/Guardian listed above)

Emergency Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

## Authorization for Pickup

When program activities have concluded, my child may be released into the care of:

\_\_\_\_\_ Only the parent or guardian designated on this form

\_\_\_\_\_ The parent/guardian or the following individuals (please list names):

1. \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
2. \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
3. \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

## Medical Information

Does the student have any health problems or allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Medication(s) or Vitamin(s) Name, dosage amount, frequency and reason why child regularly takes it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Insurance Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Doctor's Office Name** \_\_\_\_\_ **Provider's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Dentist Office Name** \_\_\_\_\_ **Provider's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

## Additional Information

Please indicate likes/dislikes: \_\_\_\_\_

\_\_\_\_\_

Toilet Training: \_\_\_\_\_

\_\_\_\_\_

Special Interests: \_\_\_\_\_

\_\_\_\_\_

## Disciplinary Procedures

“Freedom within limits” is the core of the philosophy regarding discipline in a Montessori environment. Montessori children enjoy considerable freedom of movement and choice: however, their freedom always exists with carefully defined limits in the range of their behavior. They are free to do anything appropriate within the ground rules of the school community, but they are redirected promptly and firmly if they cross over the line. Our approach to discipline is based on empowerment, mutual respect, and trust. **Corporal punishment is prohibited.** Withholding or using food, rest, or sleep as a punishment is prohibited nor is it used as a reward. Methods of discipline or interaction that frighten, demean, or humiliate a child are prohibited. A teacher or staff only, may administer discipline in the school setting. Please refer to handbook, page 15 for further information on our discipline policy.

## Immunization

DSS requires that we have a photocopy of your child’s recent immunization recorded in our files. Please include a photocopy with this application. If you do not have the records, a copy can be obtained from your local health department.

## Emergency Consent

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

### **Please sign below so that we can take appropriate action on behalf of your child.**

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD’S SCHOOL WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent or Legal Guardian)

## Media Release Parental Consent

Please be advised that during the year that during the year your child may be photographed, videotaped, or interviewed at various school sponsored events. With your consent, the photograph, video, or interview may be reproduced and released for use in the media, newspaper, brochures, videos, television, or the internet. Please indicate your preference below.

\_\_\_\_\_ Yes. My child’s photograph/video/interview may be reproduced and released for use in the media.  
\_\_\_\_\_ No. My child’s photograph/video/interview may not be reproduced and released for use in the media

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent or Legal Guardian)

## Activity Responsibility Agreement

**Name of Child (Please Print):** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Parent/Guardian #1 Legal Name:** \_\_\_\_\_

**Parent/Guardian #2 Legal Name:** \_\_\_\_\_

I the undersigned understand that there are risks and dangers inherent in participating in Wheatley Montessori School transportation. I also understand that in order to be allowed to participate in associated activities, I must agree not to hold Wheatley Montessori School liable for any injury or damage which I may suffer while participating in any activity or going to/from any activity. Knowing this, and in consideration of being permitted to voluntarily participate in any activity, I hereby voluntarily release Wheatley Montessori School from any and all liability resulting from or arising in any manner at all out of any participation in any Activity.

I understand and agree that I am releasing not only Wheatley Montessori School, but also its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts or omissions by Wheatley Montessori School's personnel or other unrelated third parties or other participants.

I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian and item for said children.

I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by the child named above, while participating in any Activity, including but not limited to health care expenses.

I understand and agree that by signing this waiver/release, I am agreeing to release Wheatley Montessori School its officers, agents or employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my participation in any activity.

I understand and agree that I am signing this waiver/release on behalf of my minor child that I will be giving up the same rights for said minor as I would be giving up if I had signed this document of my own behalf.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT.

I acknowledge that I have read this waiver/release agreement and that I understand the words and language in it. I understand there are potential dangers incidental to participating in any activity and going to/from any activity. I execute it voluntarily and with full knowledge of its meaning and significance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Parent or Legal Guardian)

## New Student Registration Checklist & Parent Agreement

Name of Child (Please Print): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian #1 Legal Name: \_\_\_\_\_

Parent/Guardian #2 Legal Name: \_\_\_\_\_

- \_\_\_\_\_ Application for Enrollment
- \_\_\_\_\_ General Record and Statement of Child's Health for Admission to Child Care Facility (DSS Form 2990)
- \_\_\_\_\_ Immunization Record (DSS)
- \_\_\_\_\_ DSS/ABC Quality Policies
- \_\_\_\_\_ Activity Responsibility Agreement
- \_\_\_\_\_ Application Policy and Parent Agreement Form
- \_\_\_\_\_ Non-refundable registration/materials fee of \$250.00

### Application Policies

#### 1. Nondiscrimination Policies

Wheatley Montessori School admits students of any race, color, nationality, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. Wheatley Montessori School does not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies and admission policies.

#### 2. Inclusion ADA

We act in compliance with the American and Disabilities Act and other applicable federal, state or local laws pertaining to the provision of services to children with disabilities. Our goal is to meet the individual needs of the child within the structure of our program, while maintaining a healthy and safe environment for all the children and staff. We will make reasonable accommodations to afford children with disabilities full and dual enjoyment of our programs and services in the most integrated setting appropriate to their needs. We will make no assumptions concerning any individual's abilities or disabilities and will advise parents on the process of obtaining an individual assessment to determine if we can meet each child's need in our childcare setting. All parent student information both verbal and documented as well as any assessments will be kept confidential. Documents will only be viewed by persons completing the assessment and/or developing your child's individual plan.

#### 3. Playground Policy/Born Learning Center

Our playground is located on the premises of Heritage Apartments and is approximately 1,000 feet from the school. We also take walks, weather permitting, on the Born Learning Trail, which is located directly in front of our school. The Born Learning Center is a United Way program that serves as an educational enrichment center for the residents of the Heritage Apartments and the Nicholtown Community. We are fortunate that the Born Learning Center is located directly above our pre-school, and we have the opportunity to visit on Thursdays from 10:30 AM to 12:00 PM. I give permission for my child to walk with his/her teachers to the playground, the Born Learning Trail, and the Born Learning Center.

## New Student Registration Checklist & Parent Agreement

### 4. Parent Conferences

Parent conferences will be held in the fall and spring. A conference will also be held on your child's birthday.

### 5. Policy for Family Communication

Daily communication concerning your child's well-being is of utmost importance to the Wheatley Montessori School staff. All communication will be in the child's home language when possible. A request for an interpreter will be honored if requested.

### 6. Home Visits

Wheatley Montessori staff and educators value the relationship that we hope to have with our students and their families. We will conduct two home visits during the school year, at the beginning of school year and during the winter break. The primary purpose of visits is to create a mutually supportive relationship with our Wheatley Montessori families. The bond that we hope to create is important as we want to invite our parents to be an important part of their child's education.

### 7. Family Engagement

Once or twice a year, we will meet as a school family to support our local community. In the past, we've enjoyed participating in 5K walks/bicycle races. Or we may just get ice cream and hang out in Falls Park.

This application is made with the desire and intention to enter my child in Wheatley Montessori School. The school reserves the right, to exclude, withdraw, or dismiss any student who fails to conform to its rules and regulations, including non-payment or late payment of fees and tuition. I understand that this application may be cancelled provided the school receive written notice within 10 days of the date this contract is signed.

### Agreement

I hereby apply for admission to Wheatley Montessori School for \_\_\_\_\_ (student) for the 2023-2024 school year at an annual **tuition rate (based on 10 months)**

**Annual Registration Fee \$250 | Enrollment Fee \$100**

**Full Time Primary Program \$250 per week | \$1,000 per month | \$10,000 per year**

**Full Time Toddler Program \$275 per week | \$1,100 per month | \$11,000 per year**

**Part Time Program \$220 per week | \$880 per month | \$8,800 per year**

**Late stay fees are an additional \$10 per day or \$50 per week**

**8:30 am- 3:15 pm Full Time | 8:30 am- 12:30 pm Part Time | 3:15pm- 5:30 pm Late Stay**

**The second and/or third child in the family will receive a 10% discount for tuition. I understand that tuition is due even when my child is absent due to illness, during school holidays, or inclement weather. We follow the closing decisions of the School District of Greenville County. Days missed due to inclement weather will be made up at a later date. There is an annual registration/materials fee of \$250.00 and an enrollment fee of \$100.00. The registration fee will be returned only if the student is not accepted by the school.** In case of withdrawal after acceptance of the student, the registration fee and enrollment fees are non-refundable and non transferable. I have carefully read the foregoing and in consideration of the reservation of a place for the above-named child for the school year, I agree to comply with the terms and conditions stated above.

Signature: \_\_\_\_\_  
(Signature of Parent or Legal Guardian #1)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Signature of Parent or Legal Guardian #2)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Wheatley Montessori School Representative)

Date: \_\_\_\_\_