



1260 Dauphin St.
Mobile, AL 36604
251-202-5295

www.azaleacitymontessori.org

Date: ___/___/___

Hours Requested (circle all that apply)

Full School Day 8:00-3:00

Half-Day 8:00-12:30

Extended Care 7-8, 3-4, 4-5, 5-6

Homeschool Co-op Day

Specific Days *(limited & requires written approval)* _____

Hours Needed: ___ to ___ Daily Hours: ___ hrs a day

2020 summer registration

Projected Start Date: ___/___/___

Child's Name: _____ Birth Date: _____

Special Circumstances, Needs, Allergies (food, meds, etc.)/ other Important Information we need:

Student Information

Legal Name: _____ Gender: Male Female

Address: _____

Home Number (____) _____

Age: _____ Place of Birth: _____ Siblings' Names/Ages: _____

Student lives with (check all that apply): Father Mother Stepfather Stepmother Guardian OTHER

Check All that Apply: Father has custody Father has remarried Father is deceased _____
 Mother has custody Mother has remarried Mother is deceased

Are languages other than English spoken in the home: _____ To what Extent: _____

Mother/Guardian

Name: _____ Occupation: _____ Employer: _____

Address Same as Student OR _____

Telephone: (____) _____ Preferred Contact # _____

Cell: _____ preferred Email: Home _____ preferred

Work: _____ preferred Email: Work _____ preferred

Father/Guardian

Name: _____ Occupation: _____ Employer: _____

Address Same as Student OR _____

Telephone: (____) _____ Preferred Contact # _____

Cell: _____ preferred Email: Home _____ preferred

Work: _____ preferred Email: Work _____ preferred

Best Emergency Contact Name/Number of Parent: _____ Number: (____)

Child's Physician: _____ Phone: (____)

If Parent Cannot be Reached

Contact #1 Name: _____ Relationship to child: _____ Phone: (____) _____

Address: _____

Contact #1 Name: _____ Relationship to child: _____ Phone: (____) _____

Address: _____

Medical Release

Child's Physician: _____ Phone: (____) _____

Address: _____

I, _____ parent/guardian of _____

Hereby give permission for the child care 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 a parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
Signature Date

Scholastic/ Family Commitment

Currently, I plan to enroll my child at ACM through:

3-K Pre-K Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade

◆ Has the child attended Montessori before? Yes No Where? _____ Started: _____ ended: _____

◆ Has the child attended preschool before? Yes No Where? _____ Started: _____ ended: _____

◆ List other schools child has attended before enrolling at ACM _____

◆ Where does child plan to attend after leaving ACM? _____

By signing this application, I acknowledge the following:

1. The Montessori method is a child-paced program most effective in three year cycles.
2. The Montessori method focuses on the whole child, not just academics.
3. The Montessori Method recognizes that children learn by their own activity and the teachers and parent's' role is to facilitate and support this child-directed process.
4. The ACM philosophy is to balance a child's needs and interests with required academic benchmarks, whenever possible prioritizing the child's interests.
5. As a parent/guardian, I am responsible for supporting the behavior standards and learning attitudes promoted at school to provide consistency and give my child the best chance of success.
6. I understand that ACM is a co-op school that thrives on parent involvement and volunteerism. I will do my best to support the co-op through volunteering and promoting the school.

_____/_____
Signature Date

Admission/Withdrawal Policy

By signing below, I acknowledge the following:

1. Admission decisions are contingent upon timely receipt of or completion of all required forms, fees, interviews, and observation periods as outlined in our parent handbook and website.
2. Admission criteria weighs BOTH a student's compatibility with a particular classroom and the student's and family's long-term commitment to a Montessori education, and active family/school partnership.
3. There is a 30 Day probationary period during which the student is evaluated as to the appropriateness of their placement at ACM. Determinations of appropriateness will be made by a Montessori-trained lead teacher in consultation with the Director.
4. ACM encourages those dealing with financial hardship that might affect timely tuition payments to discuss the possibility of alternate payment plans per the applicable guidelines in the parent handbook.
5. **I understand I must give written notice 3 weeks prior to withdrawing my child from ACM.**
6. I understand that all outstanding fees and tuition payments are due prior to the last day of attendance.
7. I understand that any changes in schedule must be requested and approved in writing and will be based on availability

_____/_____
Signature

Date

Authorized Pick-Up List for _____

The people listed below have my authorization to pick up my child from the program. I will inform my child's director/teacher, each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below, if I am unavailable. I also realize that they will be required to provide proper identification each time that they arrive at the center. If an individual is not listed on this form, written permission must be given to release the child to that individual.

PLEASE NOTE: A copy of the court decision for custody cases MUST be on file in order for the program NOT to release a child to his/her non-custodial parent.

Mother's Signature _____ Father's Signature _____



Child's Name _____

Authorized to pick up child:

Name	Relation to Child	Address	Phone (Home, Work, Cell)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These people are NOT allowed to pick up my child:

Name	Relation to Child	Address
_____	_____	_____



Azalea City Montessori Photo/media Release Form

By signing below I, _____, parent or guardian of _____ give permission to Azalea City Montessori to use images or video of my child participating in Azalea City Montessori programs for promotional or program purposes including print publications and online media. I understand that ACM may use these images or video in subsequent years unless I revoke this authorization in writing to the Director.

Signature _____

date _____