

Peachtree Montessori I & II

1279 Route 46 & 903 S Beverwyck Rd Parsippany, NJ 07054

(973) 299-7322 & 973-732-5185

www.PeachtreeMontessori.com

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. Incomplete forms cannot be accepted and we are unable to provide care until all paperwork has been submitted. If you have any questions about completing this form, please contact our center. **Print completed registration form, sign all applicable pages & bring to our center to complete registration.**

Child's information:

Child's Full Name	Date of Birth	Allergies (Y/N)	Gender
Address			
City	State	Zip	Primary Cell Phone to Call
Previous Daycares/Programs Concurrently Attending		Primary Home Phone to Call	

Parent/Guardian and Medical information: In the event of an emergency, we will call the numbers below.

Mother/Guardian Name		Cell Phone	
Address			
City	State	Zip	SSN#
Employer and address		Work Phone	
Mom's Email Address			

Father/Guardian Name		Cell Phone	
Address			
City	State	Zip	SSN#
Employer and address		Work Phone	
Dad's Email Address			

Doctor's Name	Doctor's Phone
Medical Insurance Provider	Policy #

Other emergency contacts:

Emergency Contact and Relationship	Cell Phone		
Address			
City	State	Zip	Home Phone
Emergency Contact and Relationship		Cell Phone	
Address			
City	State	Zip	Home Phone

Additional Information:

Authorized Person(s) to pick-up (in addition to parents and emergency contacts)
Authorized Person(s) to pick-up (in addition to parents and emergency contacts)
School or Child Care Centers attended prior to Peachtree
Does your child have any allergies and/or intolerances to food, medication or any other substances?
Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary.
Check here if your child will be required to take medication during the day AND complete Medication Authorization Forms: Yes/No

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the center unless our staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign in my child at entry and sign my child out when leaving the school. **Sign-in/Sign-out system/book is available at the center.**
- If I am funded by a governmental authority or a charitable organization, I agree to sign-in and out using my electronic card if one is provided to me. **If I fail to do so I will be responsible for your normal daily rate for that day.**
- I understand that Peachtree is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Peachtree’s staff and volunteers are not allowed to babysit or transport children at any time outside the facilities and program.
- I understand that I will not hire Peachtree staff for any services for at least 6 months after leaving the school. I understand that I can be released from this constraint/obligation by paying to Peachtree the highest one-month tuition I have paid to Peachtree while my child attended Peachtree.

I have read and understand the statements above regarding school’s policies and procedures. Policies are subject to change over time (www.peachtreemontessori.com/policies.html).

Parent/Guardian Signature	Date
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I have received a copy of the school’s Parent Handbook from the web (www.peachtreemontessori.com/pmparenthandbook.pdf).

Parent/Guardian Signature	Date
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I have provided a copy of my child’s physical and immunization records along with this form.

Parent/Guardian Signature	Date
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Statement of Authorization

1. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the school as soon as possible.
2. In the case that your child or anyone in the immediate household of the child develops a reportable communicable disease as defined by the New Jersey State Health Department, it is the responsibility of the parent to notify the center within 24 hours or the next business day in order for the center to take proper action, except in the case of life-threatening diseases which must be reported immediately.
3. My signature authorizes the management and staff of the center to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I/we grant permission for emergency medical treatment and/or routine medical care by the school staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Peachtree from any and all liability and/or financial responsibility for any medical or other expenses incurred.
4. The parent/guardian authorizes the application of sunscreen for his or her child by school staff as provided by you.
5. I agree to the payment policy set forth below. I agree to pay the tuition amounts agreed upon herein on a timely basis. I/We are responsible to pay the tuition even if we are absent from the school. There is no credit for absences or school closures as described in our policies. We agree to provide a 30-day (calendar basis) advance notice to remove our child from the school failure of which will result in a payment liability equal to 30-day tuition fee.

By signing below, you are authorizing all of the above.

Parent/Guardian Signature(s) /Date	Parent/Guardian Signature(s) /Date

Fees:

Yearly Registration Fee	\$
Deposit	\$
Monthly Tuition Fee	\$

Payments & Policies ([www. peachtreemontessori.com/policies.html](http://www.peachtreemontessori.com/policies.html))

Parents can enroll their children any time during the year. We have limited availability for infants. We offer full-day, half day mornings and half-day afternoon schedules each week. On a limited basis, we offer 1,2,3,4 days per week as well. We do not bind parents under a long-term contract. **However, we do require a 30-day advance notice of leaving based on calendar month.** A notice of withdrawal in any month implies the end of care at the end of the following month. This helps waitlisted parents plan better for their children.

Tuition payment is expected by the 1st of each month or the next first business day when school is open. We may offer a grace period of 2 business days for parent in good standing with respect to prior payment(s). If a payment is made up to 3 business days after the grace period we will charge you a \$35.00 late fee for the period. We reserve the right to terminate care, without notice if you do not pay tuition after the grace period. **You will still be responsible to pay for the entire contractual period of 30 days.** For example, a payment due on the Monday - 1st can be made by the Wednesday - 3rd under limited circumstances. If a payment is made between Thursday and next Monday, there will be a late penalty charge of \$35. A fee of \$35 will be imposed for a bounced check or ACH.

Grace period and all discounts are subject to withdrawal, specially, for parents who are not in good standing to pay amounts due on a timely basis, among other things.

Options

- Option 1
- Option 2
- Option 3

**Schedule
(FT, PT)**

**Days Times
(M,T,W,Th,F)**

Receipt of Information

Parents and/or guardians acknowledge that they have read and received an electronic or hard copy (www.peachtreemontessori.com/policies.html and www.peachtreemontessori.com/pmparenthandbook.pdf) of the information/policies on the following, among others: release of children, discipline policy, methods of parental notification, communicable disease management, expulsion policy, policy of use of technology and social media.

WAIVERS

PHOTOGRAPHS

I acknowledge that Peachtree often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s name(s) and/or likeness(es). I hereby, for myself, my minor child(ren), heirs, and executors, waive, release and forever discharge Peachtree and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s name(s) and/or likeness(es) in any such materials.

RELEASE

In consideration of Peachtree allowing me and/or my minor child(ren) to attend and/or participate in any programs, events, classes, or other activities at the school and/or sponsored by the school, I hereby, for myself, my minor child(ren), heirs, and executors, waive, release and forever discharge Peachtree and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my child's attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of Peachtree and its employees, agents, or representatives or from some other cause. My agreement to release Peachtree does not include any loss, damage or injury that results from Peachtree's gross negligence or willful, wanton, or reckless misconduct.

INDEMNIFICATION

I hereby represent and warrant to Peachtree that I have the authority to execute this waiver on behalf of myself and/or on behalf of my minor child(ren) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren), or any other person nevertheless asserts any claim against Peachtree arising out of my or my minor child(ren)'s participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend Peachtree from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of Peachtree or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth herein.

Signature of Parent/Guardian