



2021-2022 Registration Form

Child Information

Child's Name: _____ Nickname: _____

Date of Birth: ____/____/____ Gender: ____

Program:

1 year olds ____ MW ____ TTH

2-4 year olds (please indicate which days you would prefer)

____ 2 days ____ 3 days ____ 4 days ____ 5 days

Parent/ Guardian Information

Child lives with: **both parents** **parent #1** **parent#2**

Parent/ Guardian #1

Name: _____

Home address: _____

City, State, Zip: _____ email: _____

Home phone: _____ Cell phone: _____

Employer: _____ Work phone: _____

Occupation: _____

Parent/ Guardian #2

Name: _____

Home address: _____

City, State, Zip: _____ email: _____

Home phone: _____ Cell phone: _____

Employer: _____ Work phone: _____

Occupation: _____

Primary Contact Information:

Primary Phone Contact: _____

Primary Email Contact: _____

Registration Fee:

A non-refundable registration fee of \$125.00 must accompany this form. The registration fee for returning students and siblings is \$50.

Tell us about your child....

Child's Name _____

*** Very Important ...**

Allergies _____

Medications on a regular basis? _____

Food Restrictions? _____

Siblings... and their names & ages _____

Any pets? Names? _____

Is he/she potty training or potty trained? _____

Favorite attachment item for security? _____

Is a language other than English spoken in your home? If so, which one? _____

Other preschool or daycare experiences? _____

What do you want your child to gain from their experiences at The Ormewood School?

Anything else you would like to share about your child? _____

How did you hear about The Ormewood School? _____

**** The Ormewood School Parent Handbook is available on the website and a paper copy will be provided upon request. By initialing below, you acknowledge that you have read and agree to abide by the policies outlined in the handbook.**

PLEASE INITIAL

****Adjustment policy: The staff at The Ormewood School welcomes your child with open arms. We will work with you and your child to help with any and all separation anxiety. Our goal is for this to be a fun and enjoyable experience. Therefore, we feel that a child should show signs of adjustment within one month of beginning school. If after one month your child does not show signs of adjustment you may be asked to withdraw from the program.**

PLEASE INITIAL

Tuition Agreement

Annual tuition for the Ormewood School is as follows, with no deduction for absences, family vacations, holidays, or closures due to inclement weather, power outages, or other situations beyond our control:

2 days/week---	\$3500
3 days/week---	\$4500
4 days/week---	\$5600
5 days/week---	\$6900

A non-refundable payment equal to 10% of the yearly tuition is due June 1. This payment will be in lieu of a May 2022 tuition payment. **If this payment is not received by June 15, it is understood that you forfeit your child's space at The Ormewood School.**

Please choose one of the following payment options:

--- Option 1- Receive a 6% discount for paying the total annual tuition all at once. **Payment is due August 1.** If payment is not received by August 15, it is understood that payments will default to Option 2, and a \$25 late fee will be applied.

---Option 2- Receive a 4% discount for paying tuition in 3 equal payments, **due on the first days of August, November and February.** If payment is not received by the 15th of August, November, or February respectively, it is understood that payments will default to Option 3, and a \$25 late fee will be applied.

---Option 3- Pay tuition in 9 monthly payments, **due on the first of the month beginning in August and continuing until April.** If payment is not received by the 15th of any given month, a \$25 late fee will be applied.

If payment is not received by August 15 and no communication to the contrary has occurred with the director, it is understood that you forfeit your child's space at The Ormewood School.

I/we have read and understand the tuition policy stated above and agree to abide by its terms.

Parent signature _____ **Date** _____

EMERGENCY MEDICAL AUTHORIZATION

STUDENT NAME _____

In the event reasonable attempts to contact me at _____
(PHONE NUMBER) (CELL PHONE)

or _____ at _____ or
(NAME OF OTHER PARENT OR GUARDIAN) (PHONE NUMBER) (CELL PHONE)

_____ at _____ have been unsuccessful, I hereby
(EMERGENCY CONTACT) (PHONE NUMBER)
give my consent for;

1) The administration of any treatment deemed necessary by Dr. _____
(PREFERRED PHYSICIAN)

Or Dr. _____, or in the event the designated preferred practitioner is
(PREFERRED DENTIST)
not available, by another licensed doctor or dentist; and

2) the transfer of my child to _____ or any
(PREFERRED HOSPITAL)
hospital reasonably accessible.

I accept financial responsibility for the payment of all charges made for medical services rendered. I absolve school officials of any liability who in good faith comply with this request.

I am willing to make the pertinent facts listed below available to school officials for use in a medical emergency:

Insurance Company _____

Policy Number _____

Drug Allergy _____

Any Other Known Medical Condition(s) _____

DATE

PARENT'S OR GUARDIAN'S SIGNATURE

RELEASE FORM

Child's Name _____

The people listed below are authorized to pick up your child:

Name

Relationship

1. _____

2. _____

3. _____

4. _____

5. _____

Is there anyone who should NOT pick up your child?

*The safety of your child is our priority. Children will not be released to anyone not on this list. If someone on this list is picking up your child for the first time, they will be asked to present photo identification.

Exemption Acknowledgement

Dear Ormewood School parent/guardian,

The Ormewood School has always operated under an exemption from licensing, granted by Bright from the Start, the organization that oversees child care centers in Georgia. We are now required to have all parents sign a form indicating that they have been advised and understand that the program is not licensed. Exempt programs such as ours are not required to comply with Bright from the Start Rules for Child Care Learning Centers, but must comply with the criteria and requirements for exemptions in Rule 591-1-1-.461(1)(a) Exemption Requirements and Rule 591-1-1-.46(1)(b) Exemption Categories.

The rules and requirements are available at

<http://www.decal.ga.gov/ChildCareServices/Exemptions.aspx>. Though we are not required to, we do our best to comply with Bright from the Start rules and regulations. We do carry liability insurance. Please sign below and return to the office. If you have any questions or concerns don't hesitate to contact me.

Cindy Cahalen, Director

___ I understand that The Ormewood School is not licensed by Bright from the Start.

Parent/ Guardian

signature _____

Date _____