



## 2026-2027 Registration Form

### **Child Information**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \$150.00 must accompany this form. The registration fee for returning students and siblings is \$50.**

*Tell us about your child....*

Child's Name \_\_\_\_\_

**Allergies** \_\_\_\_\_

Medications on a regular basis? \_\_\_\_\_

Food Restrictions? \_\_\_\_\_

Siblings... and their names & ages \_\_\_\_\_

Any pets? Names? \_\_\_\_\_

Is your child 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 childcare experiences? \_\_\_\_\_

What would you like to share about your child?

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How did you hear about The Ormewood School? \_\_\_\_\_

## **Policy Acknowledgements**

Please initial to indicate that you have read and agree to abide by each policy below

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

\_\_\_\_\_ **Throughout the school year our teachers take the children around the neighborhood, either in wagons or walking, as part of our nature and community exploration. We have found this to be a wonderful form of educational enrichment that all the students enjoy. By initialing, you acknowledge and give consent that your child(ren) may accompany their teachers off the school campus for the limited purpose described above.**

\_\_\_\_\_ **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 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.**

**Each classroom will share pictures and announcements on the homeroom app. The purpose of sharing information on the Homeroom app is to share snapshots of a child's school day, developmental progress, and curriculum highlights and to share announcements about the classroom community. The photos are private for classroom use and will not be published without further consent. Parents agreeing to be part of the Homeroom app also agree not to copy and publish photos of other people's children and teachers on other media sites without the consent of parents and people pictured. Parents may opt out of photo sharing if they have concerns or preferences regarding their child's privacy. Teachers will keep a list of children whose faces should not be photographed. Please initial next to your preference.**

\_\_\_\_\_ **NO, I do not wish for my child to be photographed and for pictures to be posted in Homeroom. I understand that my child's face may be blurred out of photos containing my child in the background.**

\_\_\_\_\_ **YES, I give permission for my child to be photographed and pictures posted on Homeroom.**

\_\_\_\_\_ **I agree not to copy and publish photos of other people's children and teachers on other media sites without the consent of parents/people pictured.**

**TOS has a Board Certified Behavior Analyst (BCBA) on staff that provides school-wide behavioral support to enhance learning, communication, and socialization skills. The BCBA works in all classrooms as a Support Staff for all teachers and students. Individual behavioral supports are also provided by the BCBA when school-wide supports might not be enough. All individual behavioral supports involve a parent interview and on-going parent communication from TOS's BCBA.**

\_\_\_\_\_ **I consent to TOS's school-wide behavioral services for my child.**

\_\_\_\_\_ **I consent to TOS's individual behavioral services for my child.**

## 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---	\$4200
3 days/week---	\$5300
4 days/week---	\$6550
5 days/week---	\$8100

A non-refundable payment equal to 10% of the yearly tuition is due June 1. This payment will be in lieu of a May 2026 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 15<sup>th</sup> 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 15<sup>th</sup> 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?

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\*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.dec.state.ga.us/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 \_\_\_\_\_