



# *Maylan Montessori & Immersion Academy*

3580 Old Alabama Road, Johns Creek, Georgia 30022 [headofschool@MaylanAcademy.com](mailto:headofschool@MaylanAcademy.com) 470-514-5728

## *Registration Form*

**Check and initial below the program that you have selected for your child.**

<i>Nido / Infants</i> Ages 12 weeks - 17 months			<i>Toddlers</i> Ages 18 months - 3 years			<i>Children's House</i> Ages 3 years - 6 years			<i>Chinese Immersion</i> Ages 3 years - 6 years			<i>Chinese After School</i> Ages 5 years - 9 years		
Morning Program Only 8:30 - 12:30	<input type="checkbox"/>	Parent's Initials	Morning Program Only 8:30 - 12:30	<input type="checkbox"/>	Parent's Initials	Morning Program Only 8:30 - 12:30	<input type="checkbox"/>	Parent's Initials	Morning Program Only 8:30 - 12:30	<input type="checkbox"/>	Parent's Initials	2 Days / Week 3:00 - 5:00	<input type="checkbox"/>	Parent's Initials
School Day Hours 8:30 - 3:00	<input type="checkbox"/>	Parent's Initials	School Day Hours 8:30 - 3:00	<input type="checkbox"/>	Parent's Initials	School Day Hours 8:30 - 3:00	<input type="checkbox"/>	Parent's Initials	School Day Hours 8:30 - 3:00	<input type="checkbox"/>	Parent's Initials	3 Days / Week 3:00 - 5:00	<input type="checkbox"/>	Parent's Initials
Extended Day Hours 8:00 - 5:30	<input type="checkbox"/>	Parent's Initials	Extended Day Hours 8:00 - 5:30	<input type="checkbox"/>	Parent's Initials	Extended Day Hours 8:00 - 5:30	<input type="checkbox"/>	Parent's Initials	Extended Day Hours 8:00 - 5:30	<input type="checkbox"/>	Parent's Initials	5 Days / Week 3:00 - 5:00	<input type="checkbox"/>	Parent's Initials

### *Student's Information*

<b>Print:</b> Child's First and Last Name	Date of Birth / /	Current Age	Gender M or F	Start Date	Program M, SD, ExD
<b>Does your child have any allergies?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>  Is your child an anaphylactic? No <input type="checkbox"/> Yes <input type="checkbox"/>  Parent's Signature _____	If you answered "Yes," and your child has an allergy, list which items to which they are allergic.				
List all allergy medications that will be required to care for your child, in the event of an allergic reaction.	If your child is an anaphylactic and they are prescribed an EPI pen (Epinephrine) we must always have 2 EPI pens at the school, <b>at all times</b> , in order to be admitted to class, and protect your child.  Parent's Signature _____				
Child's Home Street Address	Child's City, State and Zip code				
Child's Living Arrangement, and Address if <b>NOT</b> with both parents					
Does your child have any physical difficulties, mental health disorders or developmental disabilities? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please describe.					

<i>Parent or Legal Guardian Information</i>		
Printed Mother's Name:	Mother's Email Address	
Home Street Address:	Mother's Cell #	Mother's Home #
Home City, State & Zip code:	Mother's Employer	Mother's Work #
Work Street Address	Work City & State	Work Zip Code

<i>Parent or Legal Guardian Information</i>		
Printed Father's Name:	Father's Email Address	
Home Street Address:	Father's Cell #	Father's Home #
Home City, State & Zip code:	Father's Employer	Father's Work #
Work Street Address	Work City & State	Work Zip Code

**Registration Process:**

When registering a NEW student, please submit the security deposit and the registration fee along with this form. Upon receipt of the completed registration form and payments, we will then schedule for you a parent orientation and later an interview for your child with their teacher. We prefer both parents attend the orientation, if possible. The child's interview will familiarize the student with their teacher and our school.

Parents Initials  Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Agreement:**

I agree to pay the non-refundable annual registration fee of \$100.00 on the first registration date and every March 1<sup>st</sup> thereafter.

I agree to pay my school tuition with no deductions for absences, holiday breaks, sickness or closing due to inclement weather. I also agree to adhere to the policies in the Parent Handbook.

I agree to pay the \$1,000.00 security deposit during registration, for NEW students.

I agree to pay the Summer Camp registration fee, in the amount of \$100.00, on May 1<sup>st</sup> of each year, via electronic funds transfer.

I understand and agree that my child's monthly school tuition will be paid on the 1<sup>st</sup> of each month, via electronic funds transfer, by one of the following two methods of payment: ACH Checking or Credit Card.

I give my authorization to have my child's monthly school tuition automatically withdrawn from my **checking** account on the first of each month, via ACH checking, through Tuition Express.

Parent's Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my authorization to have my child's monthly school tuition automatically withdrawn from my **credit card** account on the first of each month, via electronic funds transfer, through Tuition Express. I understand a 3% processing fee will be charged with all credit card payments.

Parent's Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are late picking up your child, a late fee will be applied at the rate of \$1.00 per minute, starting after 5 minutes of your ended contracted pick-up time. I agree to give Maylan Montessori & Immersion Academy a **written** 60-days notice, if I decide to withdraw my child from the school.

\$100.00 Registration Fee, paid via check # \_\_\_\_\_ date \_\_\_\_\_

Security Deposit in the amount of \$ \_\_\_\_\_ was paid via \_\_\_\_\_ date \_\_\_\_\_

I certify that I have read and understand all the information listed above on this three-page Registration Form. I agree to all the terms and conditions.

**Parent Signatures:**

Mother's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by the Head of School and/or School Management: Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

School Tour Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of the employee who gave the tour \_\_\_\_\_

Date the Reg. Form was received \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Account entered into Procure \_\_\_\_\_

Date the Reg. & Sec. Dep Fees were paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid \_\_\_\_\_

Paid Via \_\_\_\_\_ Check # \_\_\_\_\_

Requested School Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Orientation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Interview Date \_\_\_\_/\_\_\_\_/\_\_\_\_